



Kansas Department of Transportation
CTD 6 – Southwest Region
 Coordinated Public Transit – Human Service
 Transportation Plan



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Executive Summary

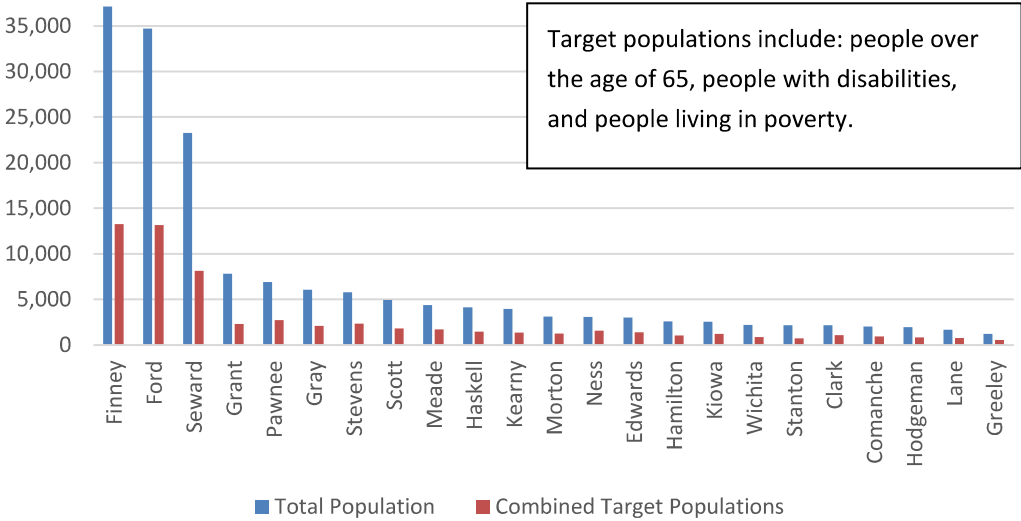
The CTD 6: Southwest Kansas Coordinated Public Transit and Human Services Transportation Plan (alternately referred to as the CTD 6 Southwest Kansas Coordinated Plan) services and transit agencies can advance to improve mobility in the region. The plan was developed and approved through a process including participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers and other members of the public utilizing transportation services.

The Introduction chapter defines its objectives and purpose, briefly describing the previous work referred in the document and outlines the federal funding programs linked to the coordinated plan. A coordinated public transit human services transportation plan was initially required by the Moving Ahead for Progress in the 21st Century Act (MAP-21), the federal transportation bill signed into law in 2012, and continued through the Fixing America's Surface Transportation Act (FAST). This act requires states and agencies responsible for the delivery of transportation services to assess the needs and transportation challenges of older adults, individuals with disabilities, and low-income individuals and develop an operational plan to address those needs and challenges.

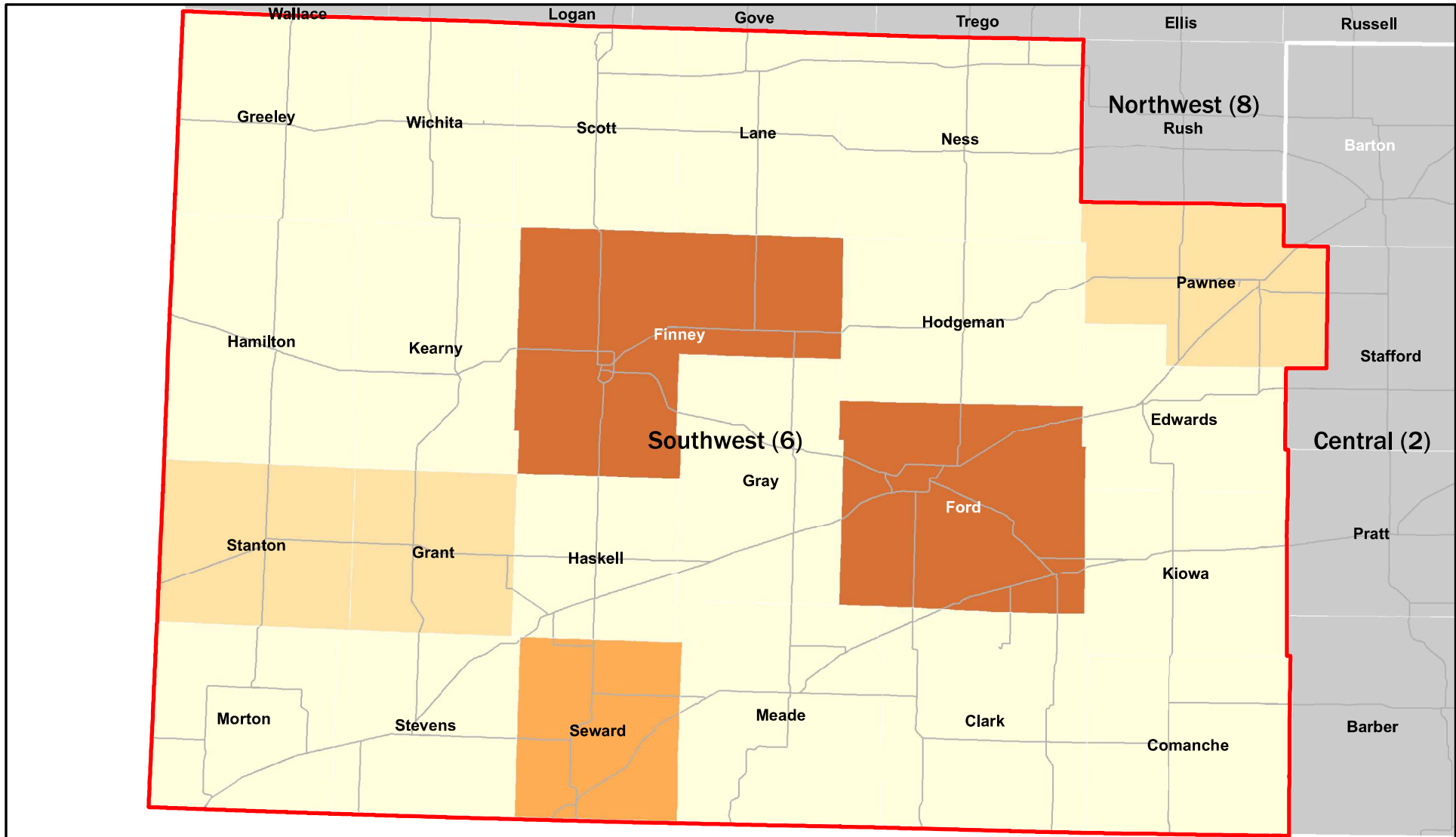
The Regional Demographics chapter includes the critical first step in the plan development process to identify counties in the state where higher concentrations of target populations (seniors, persons with disabilities and low-income individuals and families) are located, where needed services are located relative to the target population home-place, and documentation of transportation services available to the populations.

Finney and Ford counties are above average in their disabled and elderly populations, while being far above average in their population living in poverty. Seward County is near average in the size of its disabled and elderly populations, while also being above average in the population living in poverty. Of the remaining counties, only Grant, Pawnee, and Stanton come near the statewide averages in the target population categories. The CTD includes 17 counties with small overall populations, thus making their target populations also a small proportion of the statewide rural averages. The total population and combined target populations are shown in Figure 1, while the priority tiers by county are shown in Figure 2.

Figure 1. CTD 6 Target Population by County



Source: U.S. Census, American Community Survey, 2015.



Metro Counties
Priority Tiers

- Tier 1
- Tier 2
- Tier 3

Rural Counties
Priority Tiers

- Tier 1
- Tier 2
- Tier 3
- Tier 4

- CTD 6 Boundary
- Roads



Figure 2 CTD 6 Target Population Priority Tiers
Kansas Coordinated Public Transit Plan

Note: Priority tiers are the result of a comprehensive review of the following populations: elderly (age 65+), disabled, and those in poverty status. Scores were given to each county based on the results of the dispersion maps. The score breakdown applied consists of the following: Below Average (-1), Near Average (0), Above Average (1), and Far Above Average (2). The tier ones (1) for both categories (i.e. Metro and Rural) represent the counties which received the greatest positive scores. Due to the relationship between these populations and the demand for transit access and services, the findings from this map can be an effective aid in public transit coordination.



The next chapter includes an Assessment of Existing Transit Services, including identifying current regional bus services, enhanced mobility providers, rural general public transit providers, urban public transportation providers, and other providers.

The Transit Needs and Challenges chapter builds off the assessment by comparing services available to the target group populations and through surveys of agency representatives in each CTD, an understanding of unmet needs/gaps in mobility were defined. Through a range of alternate regional and statewide transit planning efforts, residents/agencies have been asked to define gaps in mobility that impact the quality of life for persons that cannot or choose not to drive. Gaps that were consistently identified across the range of input opportunities were identified as the highest priority gaps to focus coordination efforts. Gap categories are listed below, with strategies to address them listed on page 63 in the document:

- Public awareness. The most consistent input on gaps received across the state was the limited understanding of what is available for public and agency transportation services. Whether the focus was on rural areas or many of the urban areas, there is the perception of a lack of potential customers knowing about available services.
- Meeting future demand: While many agencies believe they are or can reach most potential customers today, there is a lot of concern regarding their capacity in the future to meet demand as elderly populations grow. Concern regarding the ability to meet future demand draws from a number of conditions presently observed or anticipated to exist, including:
 - Funding: Historically, funding at federal, state and local levels has not kept pace with a combination of inflation and growing demand. The outlook does not reflect much, if any, change in these conditions.
 - Driver shortage: Finding qualified and available drivers is an issue across the board from large urban areas to very rural areas, as both have a very small pool of candidates. A limited ability to pay wages that compete with private trucking or other related fields is expected to result in a struggle to be able to fill demand, even if funding can be found for more vehicles.
 - Enhanced care riders: Persons with disabilities many times require more driver interaction/assistance getting on and off vehicles and to/from their destination. As overall demand increases (as is expected), the added time required to address the needs of enhanced care riders will add strain to capacity concerns.
- Communication: Coordination is based almost entirely on developing and maintaining a high level of interagency/intercommunity communication. Presently, there is a little agency-to-agency communication occurring outside the three to four annual CTD meetings and a limited number of agency

meetings scheduled throughout the year. Limited knowledge of state programs, administrative requirements, and fare policies is a constraint for smaller providers.

Understanding current conditions and extrapolating needs through the planning horizon set the foundation for CTD needs documented in the plan. The heart of the effort, however is identification of service, capital, and administrative opportunities to close gaps and enhance mobility with and through a region/CTD.

The Coordination Activities chapter evaluates the extend of current coordination efforts in the CTD and outlines best practices, such as mobility management. Coordination activities allow agencies to share resources to address the needs identified. It also identifies barriers to coordination among providers, such as operational and governance limitations to coordinate with other agencies. For CTD 6, these include destinations outside the service area, the time commitment to service dialysis patients, operating for limited hours, finding drivers, rising cost of insurance, and marketing. The strategies to coordinate services are outlined in the next chapter.

The Action Plan for Coordination chapter includes strategies discussed by theme and a summary of the concepts, potential benefits and challenges to address the needs identified. Coordination strategies were organized around the three themes of technical support, administrative collaboration, and enhanced governance structure. The strategies identified in the themes provide service, capital and organization opportunities to improve coordination and mobility. Strategies were screened for applicability to CTD 6 - Southwest Kansas based on the need addressed, access/availability to the concept, implementation challenges, local support, and costs for implementation planning.

The Implementation Plan chapter displays the strategies shown in Table 1 most applicable to CTD 6, and includes a time horizon for implementation.

Table 1. CTD 6 Strategies Implementation Plan

Theme	Strategy/Sub-strategy	Short Term	Moderate Term	Long Term
Technical Support	Expand Mobility Manager Coverage		●	
	Marketing/Branding/Outreach	●		
	Promoting Community Benefits of Service/ Coordination	●		
Administrative Collaboration	Centralized Reservations and Dispatch	●		
	Transit Service Expansion and Improvements			●
Enhance Governance Structure	Services Clearinghouse and Shared Data		●	
	CTD Participant Education/Workshops			
	FTA/KDOT Guideline	●		
	Colleague Experience Sharing	●		

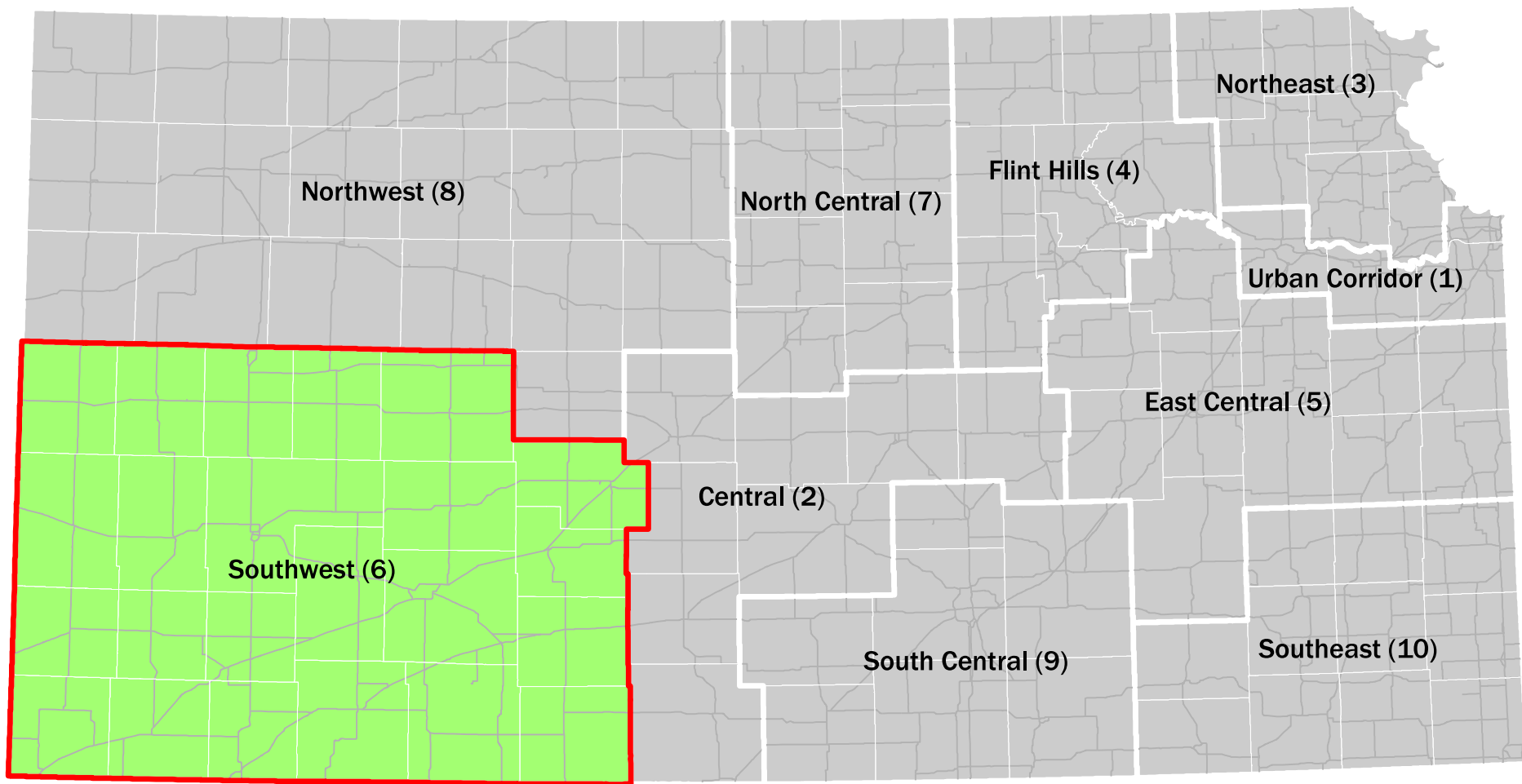
CTD 6 Providers

The CTD 6 encompasses the following counties in central Kansas: Reno, McPherson, Barton, Marion, Rice, Pratt, Barber, and Stafford. The providers include public transit agencies and private, non-profit providers, most of whom are associated with assisted living facilities, human services agencies or senior-focused organizations. Table 2 lists the current (2018) transportation providers in CTD 6.

Table 2. Coordinated Transit District 6 Service Providers

Transit Provider	Counties Served	2017 Ridership
Arrowhead West, Inc. (CTD 6)	Ford	9,782
City of Dodge City	Ford	46,703
City of Liberal	Seward	25,478
Finney County Committee on Aging, Inc.	Finney	81,255
Lane County Transportation	Lane	958
Pawnee County Council on Aging	Pawnee	544
Protection Valley Manor, Inc.	Comanche	38
Sunflower Diversified Services	Barton, Rice, Stafford, Pawnee, Rush	52,486

Figure 3 shows the area of CTD 6 in Southwest Kansas. A map of provider service areas and regular regional routes can be found in the appendix.



Introduction

Purpose of the Coordinated Plan

A coordinated public transit human services transportation plan is required by the Moving Ahead for Progress in the 21st Century Act (MAP-21), the federal transportation bill signed into law in 2012, and continued through the Fixing America's Surface Transportation Act (FAST). This act requires states and agencies responsible for the delivery of transportation services to assess the needs and transportation challenges of older adults, individuals with disabilities, and low-income individuals and develop an operational plan to address those needs and challenges.

The FAST Act mandates that the projects selected for funding under the Enhanced Mobility for Individuals and Individuals with Disabilities Program (Section 5310) be included in a locally developed, coordinated public transit-human services transportation plan. Human services transportation programs include transportation options which enhance the quality of life for the target populations of seniors, persons with disabilities and low-income individuals and families. The transportation options in range of supporting services include:

- Public transit fixed route service:
 - Transit operated along a prescribed route according to a fixed schedule.
- Public transit demand response service:
 - Any non-fixed route system of transporting individuals that requires advanced scheduling by the customer, including services provided by public entities, nonprofits, and private providers.
- Private entities providing transportation:
 - Taxi/cab services, transportation network companies like Uber, Lyft, etc.
- Complementary Paratransit:
 - Public transit agencies that run fixed route services must also provide ADA complementary paratransit services for those who are unable to use accessible fixed route services (ADA complementary paratransit requirements do not apply to commuter bus, commuter rail, or intercity rail service). Tests for determining inability to use fixed route service includes the inability to access vehicles, transit stops, or facilities, or to independently navigate through the system (getting on or off a bus).

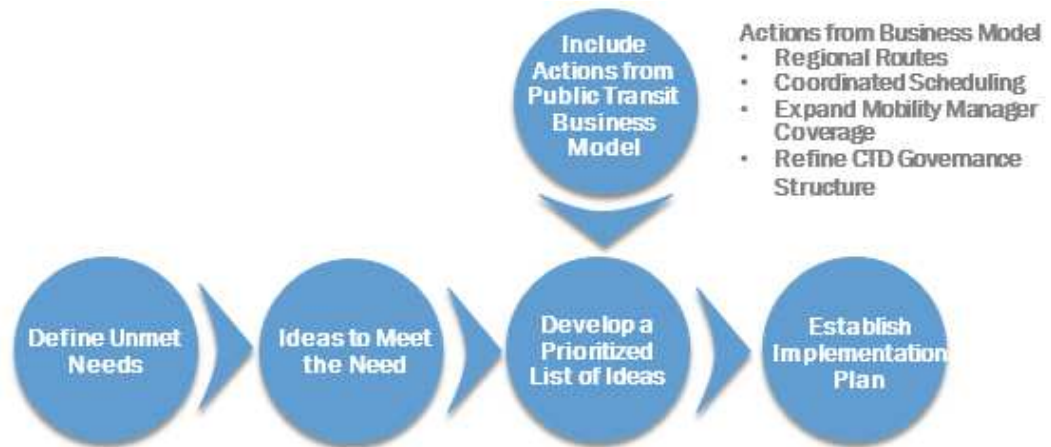
- Human services providers:
 - For example, faith based and other non-profit organizations providing transportation, Medicaid brokers, Area Agencies on Aging, nursing homes, medical centers or retirement communities with personal transportation options, etc.

The CTD 6: Southwest Kansas Coordinated Public Transit and Human Services Transportation Plan (alternately referred to as the CTD 6 Southwest Kansas Coordinated Plan) is a guidebook providing a framework for prioritizing regional needs and potential actions with other regions in Kansas. The plan is developed and approved through a process that includes participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers and other members of the public utilizing transportation services. Figure 4 highlights the steps in the plan development process.

The key elements of the Southwest Kansas Coordinated Plan include:

- An assessment of needs, gaps and barriers in transportation for individuals with disabilities, older adults and person with limited income;
- An inventory of existing transportation services that identifies public and private organizations currently involved in serving the needs of transportation disadvantaged population;
- Coordination strategies to address identified gaps in service and efficiently utilize resources;
- Mechanisms to prioritize use of resources for implementation of identified coordination strategies, including federal 5310 funds.

Figure 4. Coordinated Plan Development Process – Kansas



The Southwest Kansas Coordinated Plan is developed as an update to the 2007 Coordinated Public Transit Human Services Transportation Plan for the region¹. Consistent with federal requirements and to assess and report essential information about needs and services, it also includes feedback received during a stakeholder and public involvement meeting conducted in Dodge City on July 19, 2017. The goal of the Southwest Kansas Coordinated Plan is to provide a framework for regional and local leader organizations and agencies involved in human service transportation and public transit service providers to better coordinate programs and actions in the delivery of services. The objective is to identify and implement strategies to address identified gaps in services to meet the diverse needs of transportation disadvantaged individuals.

Representatives from the following stakeholder groups participated in the coordination and public engagement meeting:

- Kansas Department of Transportation
- Public transit providers in the region
- Specialized transit providers (5310 network providers)
- City and county representatives
- Health care providers
- Senior centers

Previous Coordination Activities/Work

The Kansas Department of Transportation (KDOT) commissioned the Kansas Regional Transit Business Model Implementation Plan in 2012 that produced two documents addressing the transportation needs and efficient transit service provision in the state of Kansas. A brief description of the documents is as follows:

- Kansas Regional Transit Business Model Implementation Plan (2014): KDOT with assistance from Olsson Associates, SRF Consulting Group, Inc. and URS conducted this study from December 2012 to December 2014. The study developed strategies for the provision of public transit services throughout rural Kansas that make the most efficient use of transit funding options. The intent of the study was to improve the efficiency and availability of rural transit service throughout the state, make transit more accessible and useful for rural riders. The study focused on 5311 general public transportation providers.

As part of the study the KDOT and consultant team outlined ten transit service regions (9 primarily rural-focused and 1 urban region) and regional stakeholder

¹ Regional geographical boundaries were changed based on Kansas Regional Transit Business Model Implementation Plan (2014) as briefly explained in the next section.

committees throughout the state, conducted regional meetings to identify transit needs and gaps, established project goals, and developed coordination strategies and a preferred action plan. The coordination strategies included in the implementation plan were about regional routes, coordinated scheduling, mobility management, regional governance structure and transit branding.

- **KDOT Regional Transit Business Model Implementation – Guidelines for Transitioning to the New Coordinated Transit District Boundaries (2015):** As described above, the Kansas Regional Business Model Implementation Plan defined the regional boundaries. The KDOT and the consultant team held stakeholder meetings in each region to confirm that the state was divided in the most logical way. Although some existing CTDs were significantly changed geographically, the administrative changes were minimal. The document illustrated the reorganization of CTD boundaries and region-specific details on how to transition into the new CTD format.

The KDOT uses the transportation plan to guide future investments in the region in coordination with the statewide transportation program.

Funding Programs Linked to the Coordinated Plan

Funding Programs

Table 3 summarizes the features of different federal funding programs. The description of each of the funding programs is also included in this section.

Table 3. Federal Transit Funding Programs

Characteristics	Federal Funding Program		
	5307	5310	5311
Area	Urbanized areas >50,000 residents		Rural areas <50,000 residents
Population served	General public	Elderly and disabled	General public
Eligible Use of Funds	Capital, planning and operating assistance	Capital	Capital, planning and operating assistance
Recipients	Public agencies	Public and private entities	Public agencies
Funding split (Federal/Local)	Capital 80/20 Operating 50/50	Capital 80/20	Capital 80/20 Operating 50/20/30* Paratransit 80/20

*KDOT funds 20 percent of 5311 operating costs, the remaining 30 percent must come from local sources.

FTA Section 5310 Funding Program

Per the FTA, the Section 5310 funding program for elderly and disabled transportation provides formula funding to states for the purpose of assisting private nonprofit groups and certain public bodies in meeting the transportation needs of elders and persons with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. The funds can be used for such items as: buses, radios and communication equipment, vehicle shelters, wheelchair lifts and restraints, and extended warranties.

Moreover, under MAP-21, the Section 5310 program was modified to include projects eligible under the former Section 5317 New Freedom program, described as capital and operating expenses for new public transportation services and alternatives beyond those required by the ADA, designed to assist individuals with disabilities and seniors.

Prior to the passage of MAP-21, Section 5310 funding was distributed solely to the States for distribution by their Departments of Transportation. MAP-21 created an apportioned sub-allocation of 5310 funding. Formula funds are apportioned directly to the KDOT for rural and small urban areas. However, Kansas City Area Transportation Authority in Kansas City and Wichita Transit in Wichita are direct recipients for 5310 formula funds.

Section 5310 Apportionment

Per FTA, the federal share cannot be more than 80 percent for eligible capital projects and 50 percent for operating deficit.

For the 5310 formula grant program, capital cost is shared at 80 percent federal and 20 percent local while operating deficit² is split at 70 percent state and 30 percent local funds.

FTA Section 5311 Funding Program

Per the FTA, the section 5311 program is a rural area formula grant providing capital, planning and operating assistance to states to support public transportation (including general and intercity public transportation) in rural areas with populations of less than 50,000. The program also provides funding for state and national training and technical assistance through the Rural Transportation Assistance Program. Eligible activities under the program include “planning, capital, operating,

² Operating deficit is the operating cost minus the revenue.

job access and reverse commute projects, and the acquisition of public transportation services.”³

Section 5311 Apportionment

Per FTA, the federal share is 80 percent for capital projects, 50 percent for operating assistance, and 80 percent for Americans with Disabilities Act (ADA) non-fixed route paratransit service.

KDOT shares capital and administrative cost at 80 percent federal and 20 percent local and operating deficit at 50 percent federal, 20 percent state and 30 percent local.

Each state must spend no less than 15 percent if its annual apportionment for the development and support of intercity bus transportation, unless it can certify, after consultation with intercity bus service providers, that the intercity bus needs of the state are being adequately met.

FTA Section 5307 Funding Program

Per the FTA, the Section 5307 funding program makes federal resources available to urbanized areas and states for transit capital and operating assistance in urbanized areas and for transportation related planning. The activities eligible for funding under section 5307 include: “planning, engineering, design and evaluation of transit projects and other technical transportation-related studies; capital investments in bus and bus-related activities such as replacement, overhaul and rebuilding of buses, crime prevention and security equipment and construction of maintenance and passenger facilities; and capital investments in new and existing fixed guideway systems including rolling stock, overhaul and rebuilding of vehicles, track, signals, communications, and computer hardware and software. In addition, associated transit improvements and certain expenses associated with mobility management programs are eligible under the program. All preventive maintenance and some Americans with Disabilities Act complementary paratransit service costs are considered capital costs.”⁴

Moreover, urbanized areas with a population of less than 200,000 are eligible to use 5307 funds for operating assistance. However, for urbanized areas with population of 200,000 or more may not use funds for operating assistance unless identified by FTA as eligible under the Special Rule.

³ <https://www.transit.dot.gov/rural-formula-grants-5311>

⁴ <https://www.transit.dot.gov/funding/grants/urbanized-area-formula-grants-5307>

The KDOT applies for, receives and dispenses funds for urbanized areas with populations between 50,000 and 200,000. For urbanized areas with a population of 200,000 or over, funds are apportioned directly to the locally determined designated recipient.

Section 5307 Apportionment

Per FTA, the federal share is not to exceed 80 percent of the net project cost for capital expenditures. The federal share may be 90 percent for the cost of vehicle-related equipment attributable to compliance with the Americans with Disabilities Act and the Clean Air Act. The federal share may not exceed 50 percent of the net project cost of operating assistance for agencies eligible to use funding for operating expenses.

Local Fund Sources

All local match (non-federal) funds for sections 5310, 5311 and 5307 programs must be provided from sources other than those provided by the U.S. Department of Transportation. Such sources may include:

- State or local appropriations
- Other non-transportation federal funds that are eligible to be used for transportation, i.e.:
 - Temporary Assistance for Needy Families (TANF)
 - Medicaid
 - Employment training programs
 - Rehabilitation services
 - Administration on Aging
- Tax revenues
- Private donations
- Revenues for human service contracts
- Net income generated by social service agencies.

It may be beneficial for transportation providers to find a diverse range of local match funding providers, as it is likely to improve the resiliency of the transportation providers facing limited budget situation. Additionally, having multiple local match funding providers can expand the geographic reach of providers by no longer being confined to the jurisdiction or service area of a single local match funding provider.

Regional Demographics

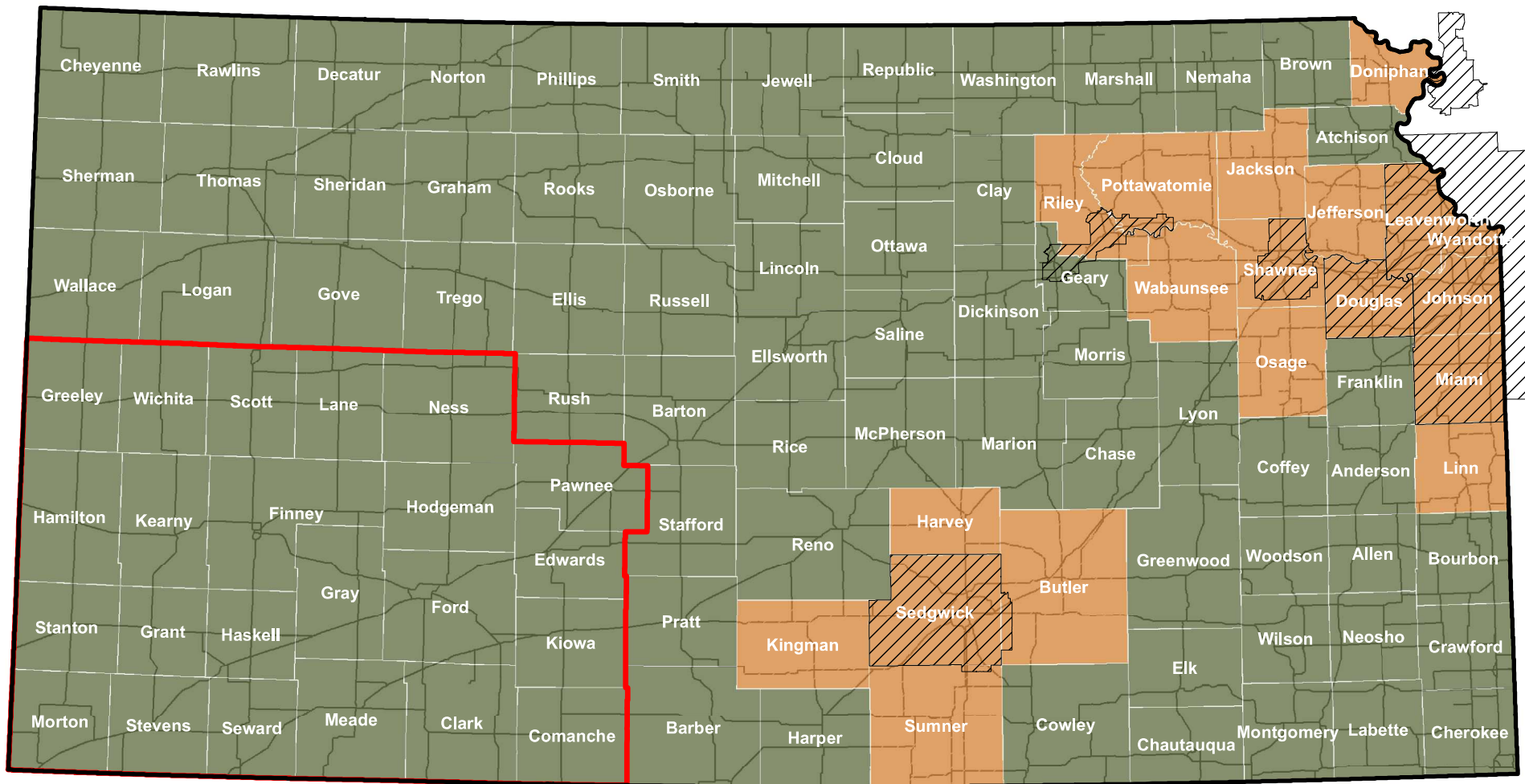
Assessing where the target populations are located is a significant step of any coordinated transit planning process. An analysis mapped the primary target populations for transit access and services in each county and metropolitan area in the state. Findings from this assessment and existing transportation service areas data establish the primary inputs for a focused planning effort to balance targeted population groups locations and transit services. The target populations examined include the following: elderly/seniors, disabled, and those in poverty status. All population data applied in this analysis was derived from the 2015 U.S. Census American Community Survey (ACS).

Statewide Demographic Assessment Methodology

The first step in the demographic assessment process was to organize the state into urban and rural categories. For the purposes of this assessment, metro counties (as defined by the US Census⁵) were classified as urban (alternatively referred as metro) and non-metro counties were classified as rural. There are 19 counties in Kansas classified as urban, since they fall within a Metropolitan Statistical Area (MSA), shown in Figure 5. Out of these 19 counties, eight do not fall within the MPO jurisdiction of the MSA: Harvey, Jackson, Jefferson, Kingman, Linn, Osage, Sumner, and Wabaunsee counties. The Flint Hills MPO extends into Geary County, while it does not fall within an MSA area.

The next step in the demographic assessment was to quantify each county's target populations in isolation from one another as well as in aggregate. To accurately compare the share and geographical representation of each county's target populations two methods were adopted: distribution and dispersion.

⁵ According to the US Census, the counties are classified as metro when they are a part of a metropolitan statistical area. Conversely, any county not within a metropolitan statistical area is classified as non-metro.



Metropolitan County*
 MPO Boundaries
 Rural County
 CTD 6

*Metropolitan counties as identified by the U.S. Census Bureau.



Figure 5: Metro-Rural Classification
Kansas Coordinated Public Transit Plan



Distribution Analysis

The distribution of targeted population was analyzed by calculating each county’s share of the targeted population relative to the statewide total. This analysis provides a geographic representation of the proportionate spread. For the analysis, statewide population estimates for each targeted population group was aggregated separately for urban and rural areas, as shown in Table 4. The counties were clustered around the median value by calculating quartiles.

Table 4. Estimated Aggregate of Targeted Population Groups

Descriptor	Area Type				Totals	
	Urban		Rural		Population	Percent of Total Statewide
	Population	Percent of Total Statewide	Population	Percent of Total Statewide		
Elderly/Senior	245,500	8.4%	159,700	5.5%	405,200	13.9%
Persons with a Disability	218,600	7.5%	133,000	4.6%	351,600	12.1%
Low-income Population	244,400	8.4%	137,200	4.7%	381,600	13.1%

Dispersion Analysis

The dispersion of targeted population compares the percentage of county’s targeted population with respect to the county’s total population with the average percentage of targeted population in all Kansas counties (for both urban and rural categories). This analysis measures how close or far a county’s share is to the average for all Kansas counties. The purpose of this analysis is to show whether there is a substantial amount of variability between conditions across the state or whether there is consistency between areas (i.e. a similar level of each population group in each county). To normalize the results, a scoring format using the categories of Near Average, Above Average, Well Above Average and Below Average was established (as shown in Table 2). The ‘Above Average’ and ‘Below Average’ thresholds were one standard deviation from the mean.

Table 5. Scoring Format Established Used for Categorizing Counties

Category	Points	Estimated Need for Transit Services
Below Average for the Population Group	-1	Less than average
Near Average for the Population Group	0	Average
Above Average for the Population Group	1	More than average
Well Above Average for the Population Group	2	Well above average

Development of Priority Tiers

The initial analysis dealt with each targeted population group individually and locational inter-relationship between each targeted population group was analyzed to comprehensively assess the distribution and dispersion of targeted population. The established scoring system helped in layering the results from the elderly/senior population analysis, with the poverty status analysis, and the disabled population analysis. Each county was characterized relative to how it relates to the statewide average for each target population descriptor. Observing a greater percentage of any of the targeted populations would likely reflect a greater need for transportation services.

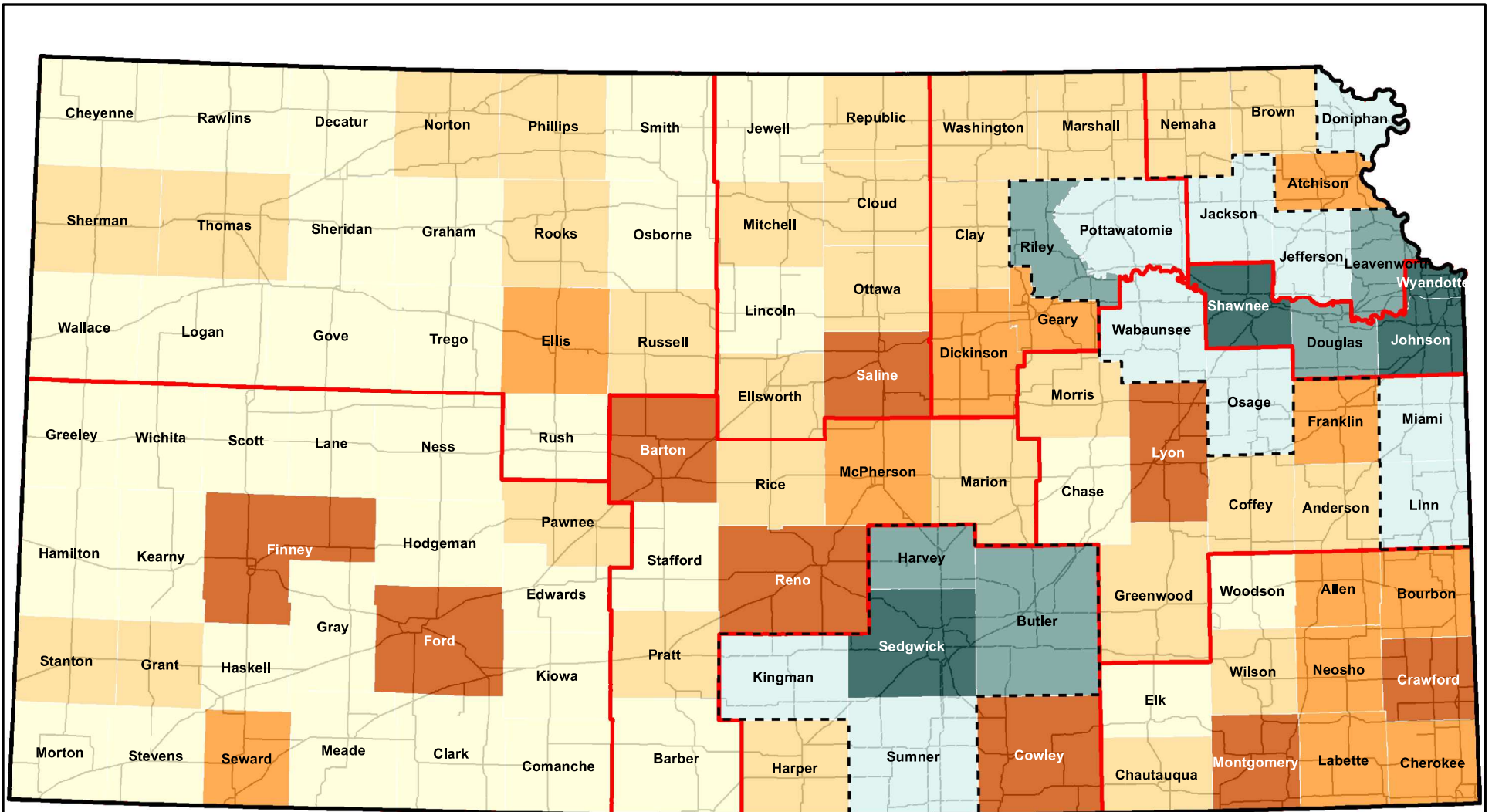
To maintain consistency with the analyses, prioritizations of the counties were also isolated by classification (i.e. urban or rural). Each county (urban or rural) was categorized into a tier using the scoring system.

For the metro counties, three tiers of need were established. Counties designated as Tier 1 represent the counties with areas of greatest transportation service need. Tier 3 counties represent the opposite end of the spectrum and are areas with lower percentages of the seniors, low-income and/or in poverty population. Tier 2 counties lie in between Tier 1 and 3.

For the rural counties, four tiers of need were established. Counties designated as Tier 1 represent the counties with areas of greatest transportation service need. Tiers 3 and 4 of rural counties contain target populations that are much lower as compared to their counterparts (Tier 4 being the lowest). Tier 2 lies in between Tier 1 and 3 in terms of target population magnitude.

Statewide Prioritization Map

Derived from analyzing the distribution and dispersion of the elderly/seniors, disabled, and poverty populations, a prioritization map of the counties is provided in Figure 6.



Metro Counties	Rural Counties	
Priority Tiers	Priority Tiers	
High	High	CTD Boundaries
Medium	Medium High	Roads
Low	Medium Low	Metropolitan County
	Low	

Note: Priority tiers are the result of a comprehensive review of the following populations: elderly (age 65+), disabled, and those in poverty status. Scores were given to each county based on the results of the dispersion maps. The score breakdown applied consists of the following: Below Average (-1), Near Average (0), Above Average (1), and Far Above Average (2). The tier ones (1) for both categories (i.e. Metro and Rural) represent the counties which received the greatest positive scores. Due to the relationship between these populations and the demand for transit access and services, the findings from this map can be an effective aid in public transit coordination.



Figure 6: Kansas Priority Tier Map by County and Urban-Rural Classification
 Kansas Coordinated Public Transit Plan



Metro counties with the greatest priority (Tier 1) include Johnson, Shawnee, and Sedgwick. These counties consist of not only a high distribution of target populations, but are also far above average when compared to other similarly situated counties. When considering the relationship between target populations and the demand for transit access and services at the urban scale, these counties will likely take precedence. Metro counties designated as Tier 2 appear to have more of a supportive (adjacent/neighbor) role to Tier 1 counties. The main exception to this being Riley County, likely due to the presence of Fort Riley and Kansas State University. Tier 3 metro counties, while still significant at the urban scale, contain target populations that are subsidiary in magnitude to their counterparts, likely due to their distance from major population centers.

Rural counties with the greatest priority (Tier 1) include Barton, Cowley, Crawford, Finney, Ford, Lyon, Montgomery, Reno, and Saline. These counties consist of not only a high distribution of target populations, but are also far above average when compared to other similarly situated counties. When considering the relationship between target populations and the demand for transit access and services at the rural scale, these counties will likely take precedence. In most cases, rural counties designated as Tiers 2 and 3 appear to hold more of a supportive (adjacent/neighbor) role to Tier 1 counties.

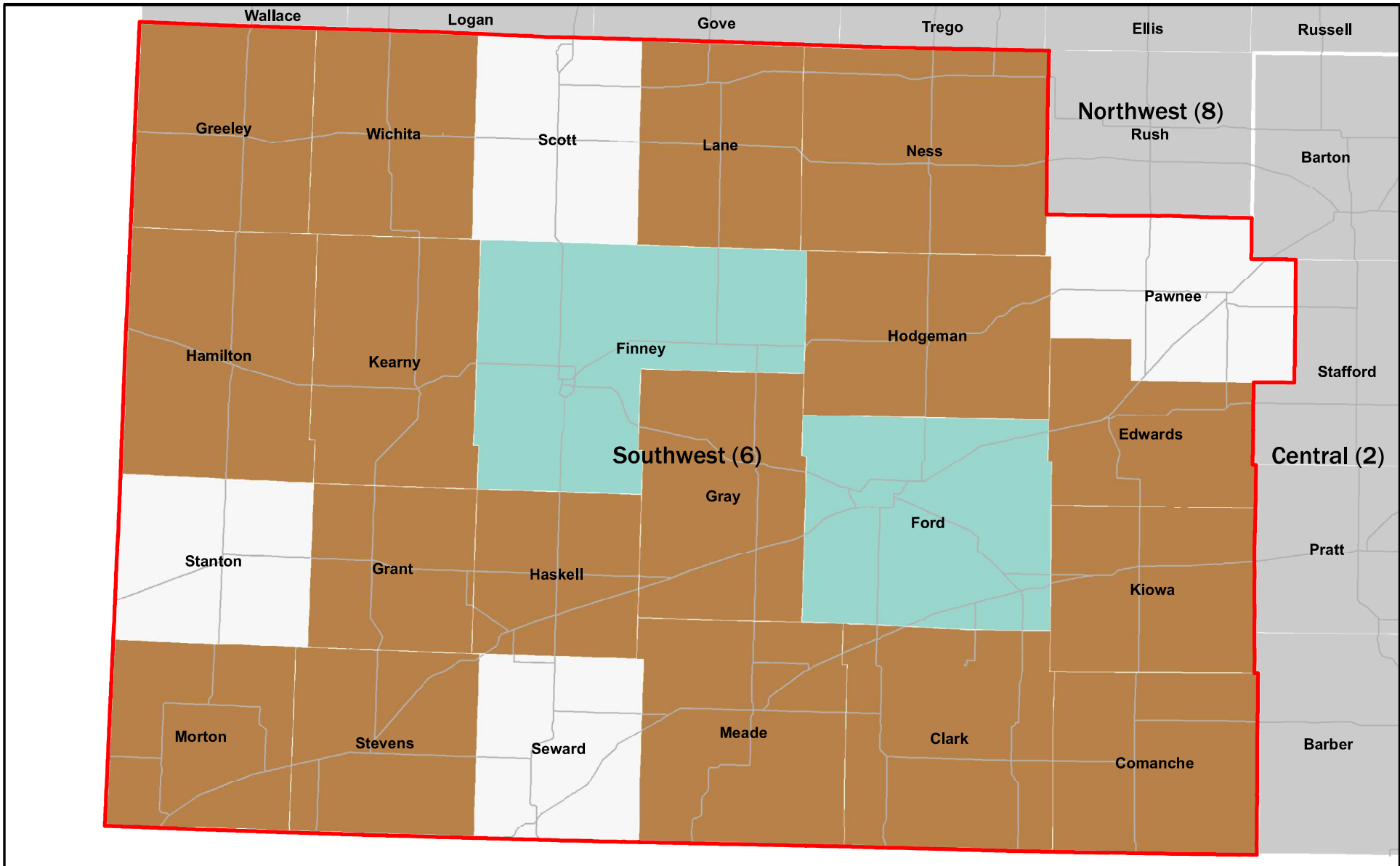
Finally, Tiers 3 and 4 of rural counties contain target populations that are subsidiary in magnitude to their counterparts, likely due to their significant distance from prominent population centers. A notable difference between Tiers 3 and 4 is their locations on the map. As evident in Figure 6, Tier 3s are more common in eastern Kansas while Tier 4s are more common in western Kansas. This difference is likely attributable to the general population spread throughout the state.

CTD 6 Target Populations

Figure 7 shows the dispersion of elderly populations in CTD 6, where all counties classify as rural. Finney and Ford counties have elderly populations above average in size compared to other rural counties in Kansas. Pawnee, Scott, Seward, and Stanton counties are near the rural average, while 17 counties are below average among rural counties in Kansas in terms of their elderly population size.

Figure 8 shows the dispersion of the disabled population in CTD 6. As with the elderly population, Finney and Ford counties are above the statewide rural average. Grant, Pawnee, Seward, and Stanton counties are all near average in the size of their population living with a disability. Seventeen counties are below the statewide rural average.

As shown in Figure 9, Finney and Ford counties are far above average in their population size living in poverty. This is also the only target population category in which another county is above average statewide, namely Seward County. Grant, Gray, and Stevens counties show populations living in poverty near the rural average for the state of Kansas. Seventeen counties are below average with their population sizes living in poverty.



Metro Counties

Standard Deviation

- Below Average
- Near Average
- Above Average
- Far Above Average

Rural Counties

Standard Deviation

- Below Average
- Near Average
- Above Average
- Far Above Average

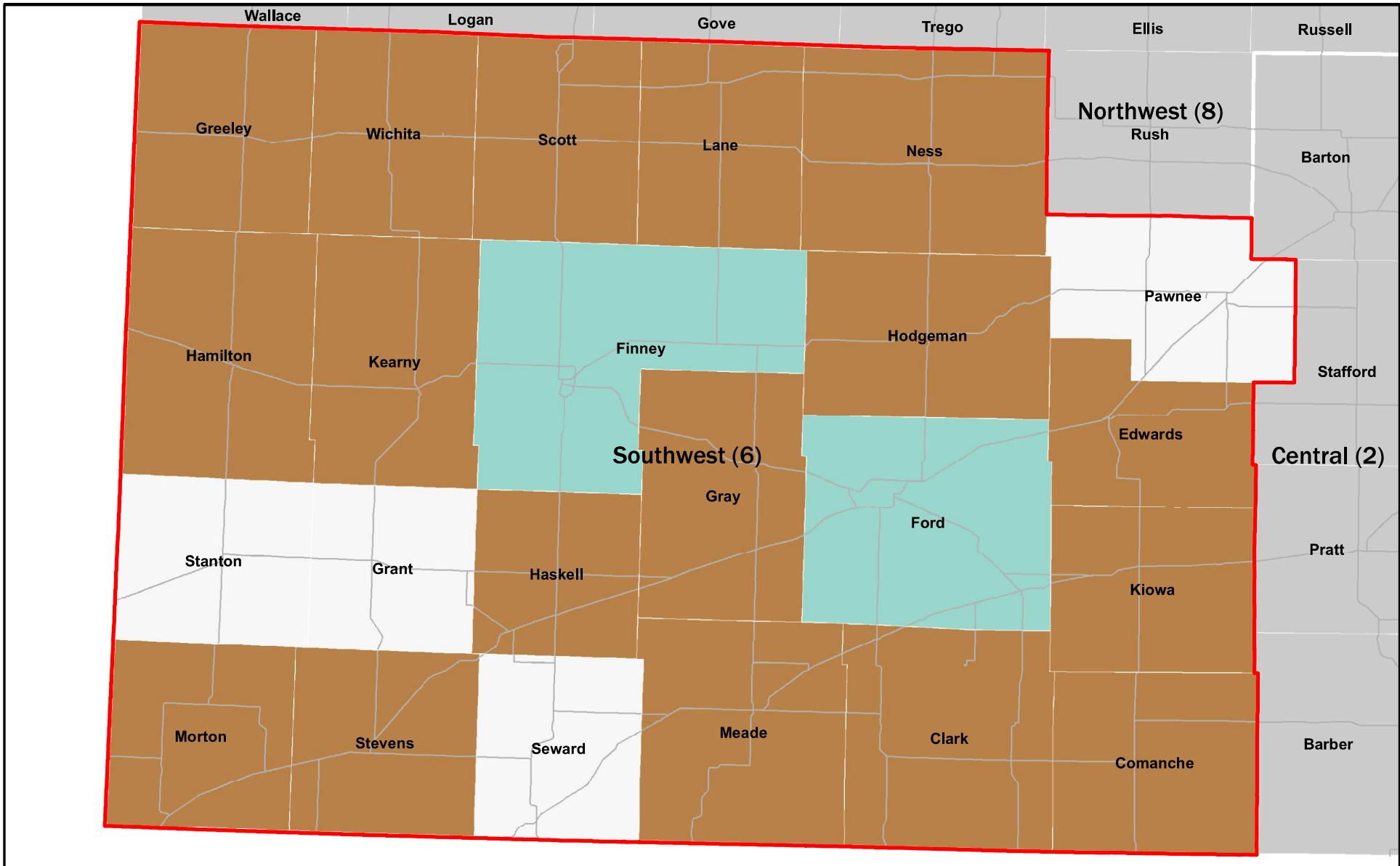
- CTD 6 Boundary
- Roads

Source: 2015 ACS 5-Year Estimates.



Figure 7: Dispersion of the Elderly Population by County - CTD 6
 Kansas Coordinated Public Transit Plan





Metro Counties

Standard Deviation

Below Average

Above Average

Near Average

Far Above Average

Rural Counties

Standard Deviation

Below Average

Above Average

Near Average

Far Above Average

CTD 6 Boundary

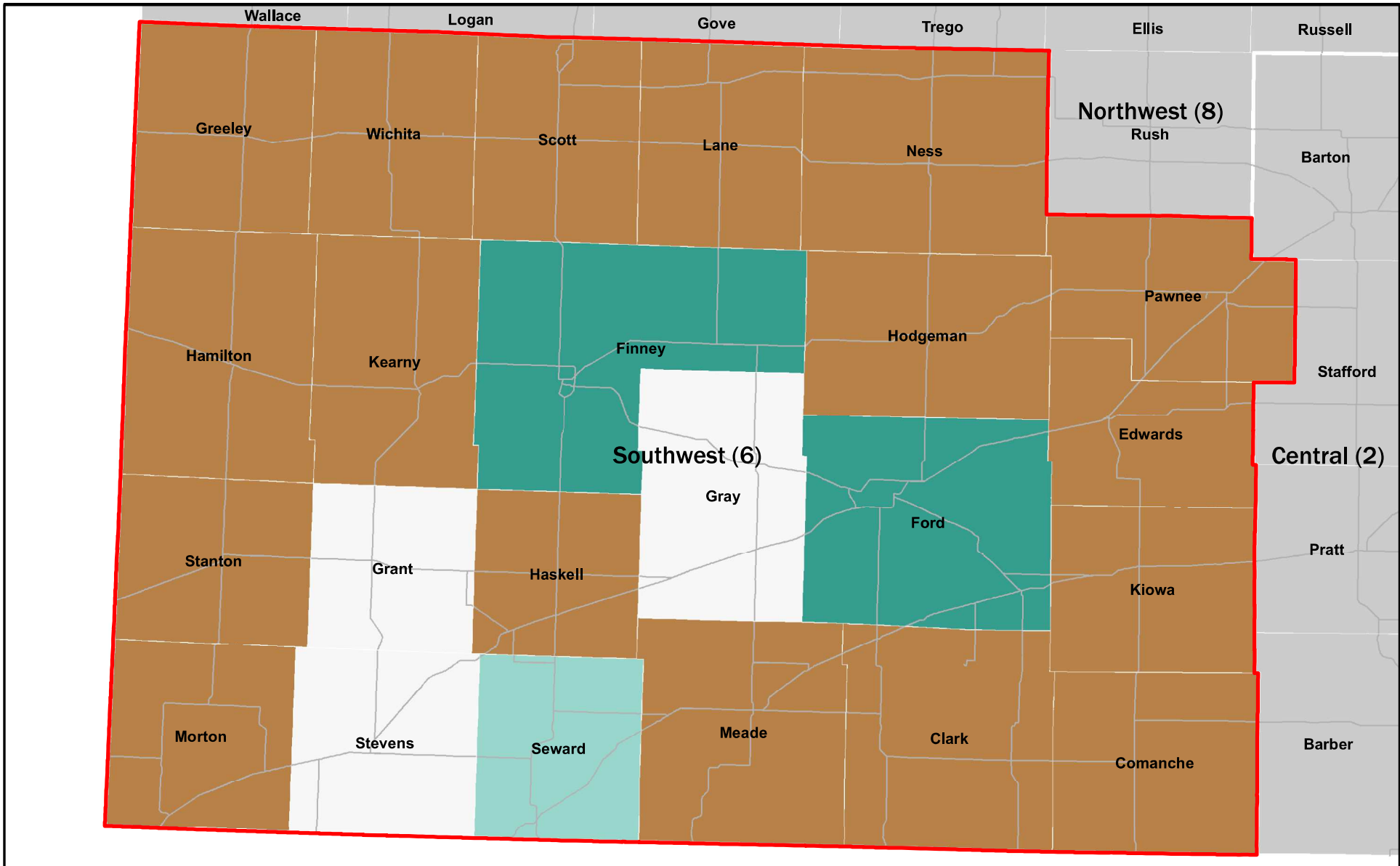
Roads

Source: 2015 ACS 5-Year Estimates.



Figure 8: Dispersion of the Disabled Population by County - CTD 6
 Kansas Coordinated Public Transit Plan





Metro Counties
Standard Deviation

- Below Average
- Above Average
- Near Average

Rural Counties
Standard Deviation

- Below Average
- Above Average
- Near Average
- Far Above Average

- CTD 6 Boundary
- Roads

Source: 2015 ACS 5-Year Estimates.



Figure 9: Dispersion of the Poverty Population by County - CTD 6
Kansas Coordinated Public Transit Plan

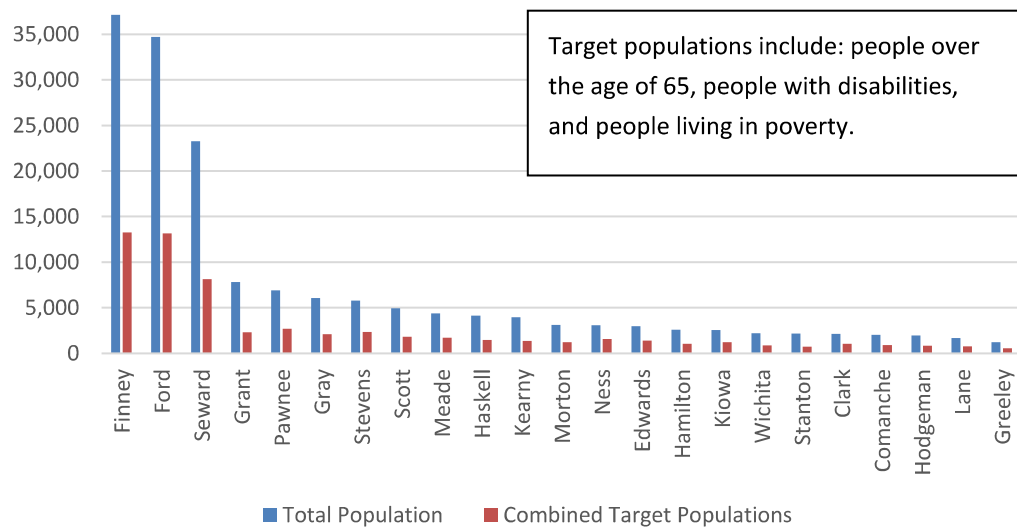


CTD 6 Demographic Analysis

All counties in the CTD are classified as rural by the U.S. Census Bureau, but there are significant differences in the population sizes of the counties. There are three cities in the CTD with populations over 20,000: Dodge City, Garden City, and Liberal, which make Ford, Finney, and Seward counties the largest in the CTD.

Finney and Ford counties are above average in their disabled and elderly populations, while being far above average in their population living in poverty. Seward County is near average in the size of its disabled and elderly populations, while also being above average in the population living in poverty. Of the remaining counties, only Grant, Pawnee, and Stanton come near the statewide averages in the target population categories. The CTD includes 17 counties with small overall populations, thus making their target populations also a small proportion of the statewide rural averages.

Figure 10. Target Population by County



Source: U.S. Census, American Community Survey, 2015.

Assessment of Existing Services

There is a variety of transportation services available to the residents of Kansas. They may take advantage of intercity bus service, public transit and non-profit transportation providers. Following is a description of the transportation options available in the region.

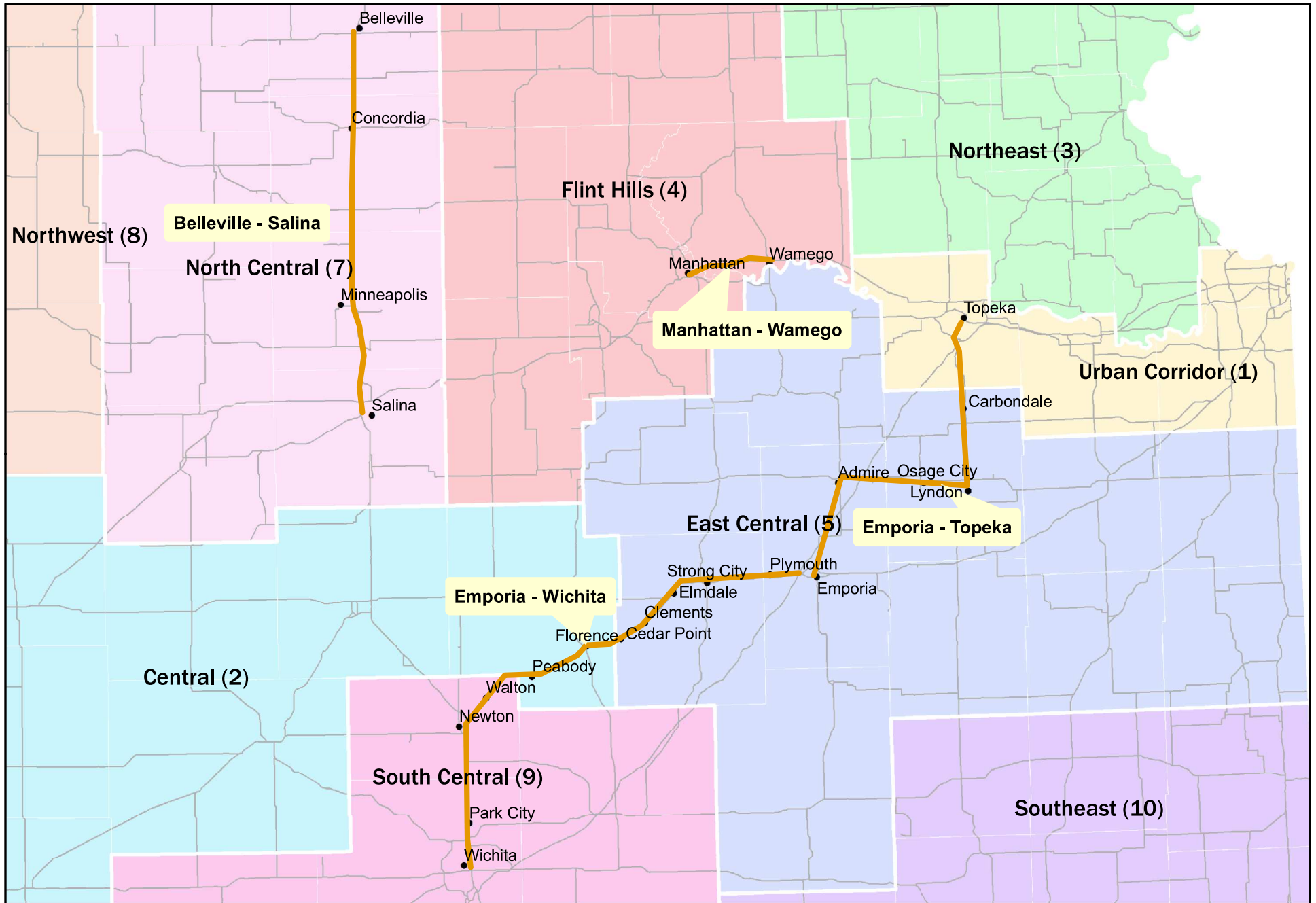
Regional Bus Service

The 2014 KDOT Regional Transit Business Model proposed regional routes to address the need to link local service and inter-regional service. Regional routes were proposed as a strategy to potentially support other primary needs in each CTD including increasing the awareness and perception of transit service and the need to provide “some level of service” in counties presumably without service.

The FTA Intercity bus program promotes service links from nonurbanized areas communities to national transit services, such as Amtrak rail and interstate bus service. A State is required to expend at least 15 percent of its apportionment for an intercity bus program, unless “the chief executive officer of the State certifies to the Secretary of Transportation, after consultation with affected intercity bus service providers, that the intercity bus service needs of the State are being met adequately.”

Moreover, establishing a regional route allows providers the option to drop off passengers at designated transfer stops. If transfer stops are established, providers currently making the long-distance trips could limit their operating expenses and refocus their efforts on providing local trips within their local service area.

In fiscal year 2017, 43 providers offered regional services, covering over 2.7 million regional revenue miles. Based on the Kansas Regional Transit Business Model Implementation Plan (2014) recommendations four regional routes have been implemented so far: Emporia – Topeka, Emporia – Wichita, Manhattan – Wamego (which is in CTD 4) and Belleville – Salina (started in September 2017), shown in Figure 11.



Enhanced Mobility Providers

The Section 5310 program for elderly and disabled transportation provides formula funding to states for the purpose of assisting private nonprofit groups and certain public bodies in meeting the transportation needs of the elderly and persons with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. KDOT provides 5310 funding to three organizations in the region. Table 6 shows the number of 5310 program funded providers in the CTDs.

Rural General Public Transit Providers

The Section 5311 program provides capital, planning, and operating assistance to states to support public transportation in rural areas with populations of less than 50,000, where many residents often rely on public transit to reach their destinations. The KDOT administers 5311 funds for four organizations in the region. Table 6 shows the number of 5311 program funded providers in the CTDs.

Table 6. Transportation Providers in Kansas Funded through FTA’s 5310 and 5311 Programs

CTD	Number of Transportation Providers (Funded through 5310 and/or 5311 Funds)			
	5310	5311	5310 and 5311	Total
1	11	3	1	15
2	9	6	2	17
3	4	7	0	11
4	6	6	0	12
5	9	13	1	23
6	3	4	0	7
7	3	7	1	11
8	0	13	2	15
9	9	7	2	18
10	4	5	1	10

Urban Public Transportation Providers

The Section 5307 funding program provides capital and operating assistance to support public transportation in the urbanized areas. The region has no direct recipients of the section 5307 funding program.

Other Providers

The CTD 6 Southwest Kansas region also has Transportation Network Companies (TNCs) providing transportation services in the metro area. Lyft provides service in Dodge City and a few taxi companies provide transportation services in the urban areas of the region.

Transit Needs and Challenges

Customer and Transit agency needs and levels of transit coordination were identified for each CTD based on the following engagement efforts:

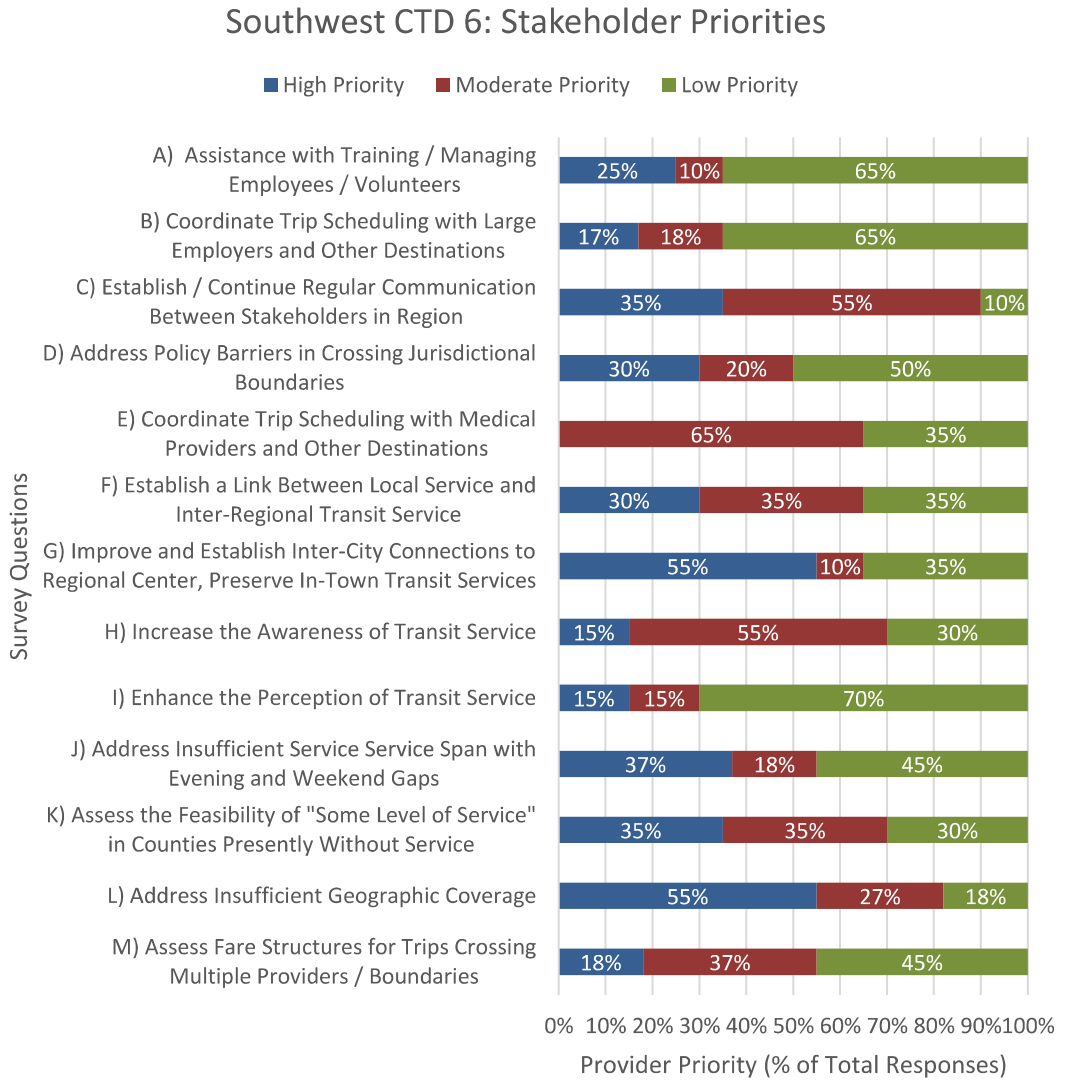
- 5311 CTD Business Model (2014)
- KDOT 5310 funding application (2014)
- Transit provider survey (Spring 2017)
- CTD and public meetings (July 2017)

Business Model Survey

The purpose of the KDOT Regional Transit Business Model Implementation project was to develop strategies for the provision of transit services throughout rural Kansas, making the most efficient use of additional transit funding made available by the state legislature as part of the Transportation Works for Kansas (T-WORKS) transportation program. As part of this effort, stakeholder meetings in August 2013 identified thirteen gaps and needs for each CTD, which were prioritized by the participants. As funding for transportation services is constrained at the local, state, and federal levels relative to the gaps, prioritization is critical to ensure addressing important areas before the less severe ones.

The prioritized needs for CTD 6 are shown in Figure 12.

Figure 12. Prioritized Needs as Indicated by Stakeholders



The following needs were identified as high priority by the respondents of CTD 6:

- Need to address insufficient geographic coverage
- Need to improve and establish inter-city connections to regional center, preserve in-town transit service.
- Need to establish/continue regular communication between stakeholders in the region

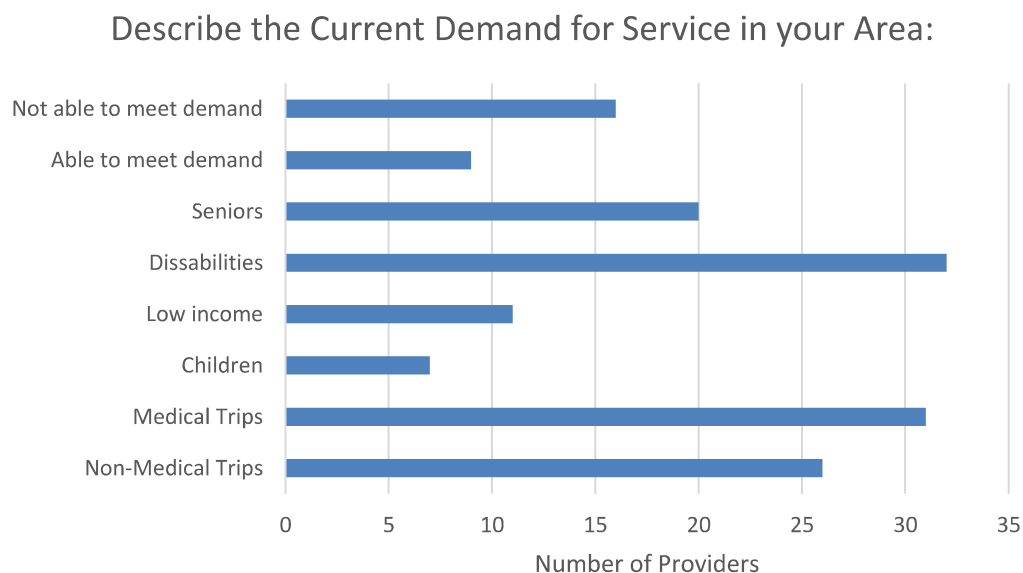
5310 Federal Program Funding Application

The Financial Year 2016 application for 5310 funding included questions displaying the need for funding. The KDOT 5310 funding application for fiscal year 2016 included open-ended questions related to the operation and level of coordination

among service providers. Funding could be requested for the replacement of capital, expansion into areas not already receiving service, and new starts services. The application was due on November 21, 2014. Sixty-six applications were received statewide, revealing some insights into the ability of providers to meet the needs of clients and the willingness to coordinate with other providers.

Describing the current demand for 5310 services in their area, providers described both trip purposes and populations served, as well as ability of agency to keep up with trip requests. Most providers serve people with disabilities, while a plurality mainly provide medical trips. Figure 13 shows the statewide response to the question.

Figure 13. Current Demand for Service in the Area



When asked about current coordination efforts with other private transportation services, 25 providers indicated attending CTD meetings as their main effort to collaborate with other providers. Figure 14 shows the statewide response to the question. Sharing vehicles in case of emergencies or if an agency is short a vehicle, due to repairs or maintenance, provided a means of coordination for 15 providers. Twelve providers share information on other providers if they themselves do not offer the requested service. Nineteen providers do not engage in coordination.

Figure 14. Current Coordination Efforts with Other Providers

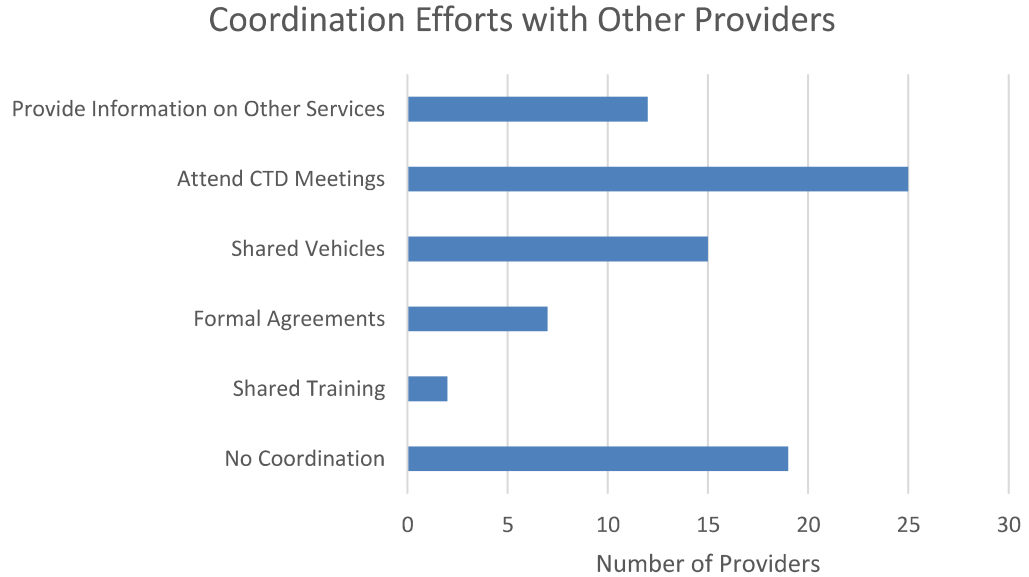
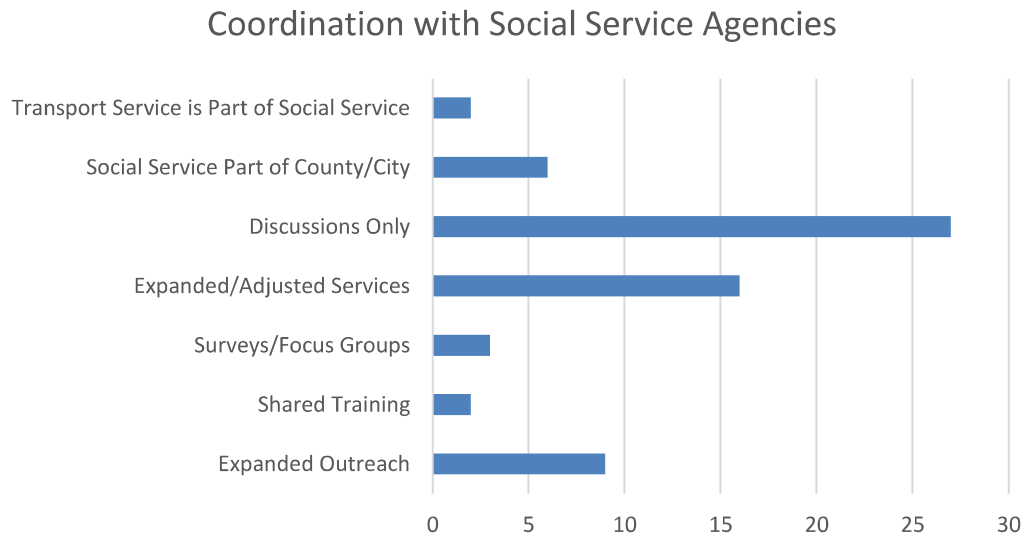


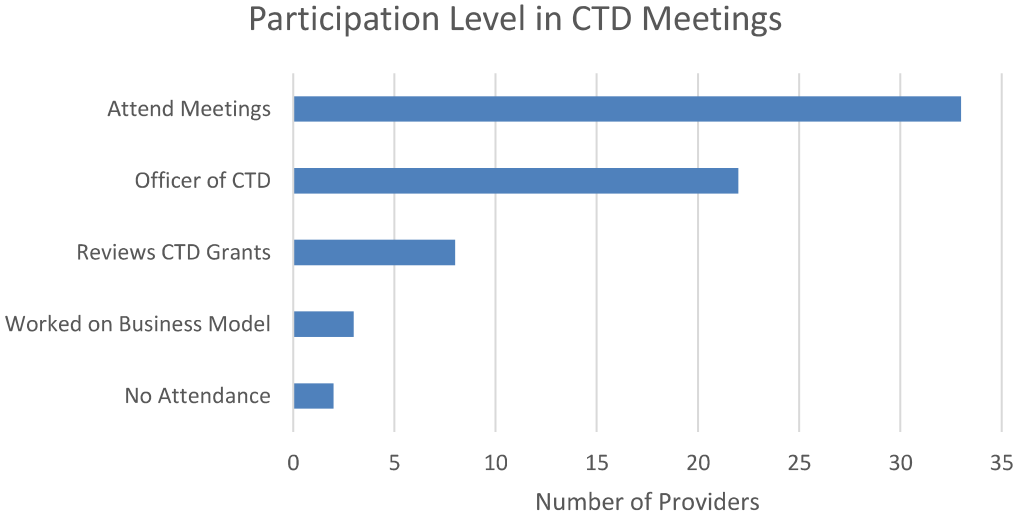
Figure 15 shows the coordination efforts with social service agencies. A few providers indicated that social services were either part of their own agency, or that both transportation and social services were county services, such as a public health department, and thus coordination happens internally. For a plurality of twenty-seven providers, coordination mainly consists of communicating with other providers and attending CTD meetings. Due to coordination, sixteen providers have expanded or adjusted their services through agreements, plans, or working with case managers.

Figure 15. Current Coordination Efforts with Social Service Agencies



Applicants had to be active members in their CTD to receive funding. Figure 16 below shows the increased level of involvement in the CTD meetings, with 33 only attending, 22 serving or having served in a leadership role in the CTD, eight reviewing CTD grant applications, and three working on the business model.

Figure 16. Current Participation Level in CTD Meetings



In general comments, providers serving people with disabilities indicated difficulties in coordination due to the elevated level of care and time necessary to serve each individual client. Providers serving people with severe mental health issues indicated concerns over behaviors causing clients to be banned from public transit being a barrier to increased coordination.

Transit Provider Survey

The transit survey went out to local agencies and providers in April 2017. The purpose of the survey was to gather input identifying opportunities for enhancing coordination between agencies/providers with the goal improving the cost effectiveness and level of service. The survey consisted of 12 questions including eight multiple choice questions and four open ended questions. Over a 6-week period, social service providers and agencies were encouraged to access and complete the survey. Paper copies of the survey were available as well. During the survey period, KDOT encouraged local agencies to pass the survey along to service providers and non-profit agencies to complete the survey.

The 219 survey responses were split by region (East, Central, and West) to assess variation in coordination activities based on location. CTD 6 lies within the Western Kansas region, along with CTD 8, as shown in Figure 11.

Figure 17. Transit Provider Survey Regions

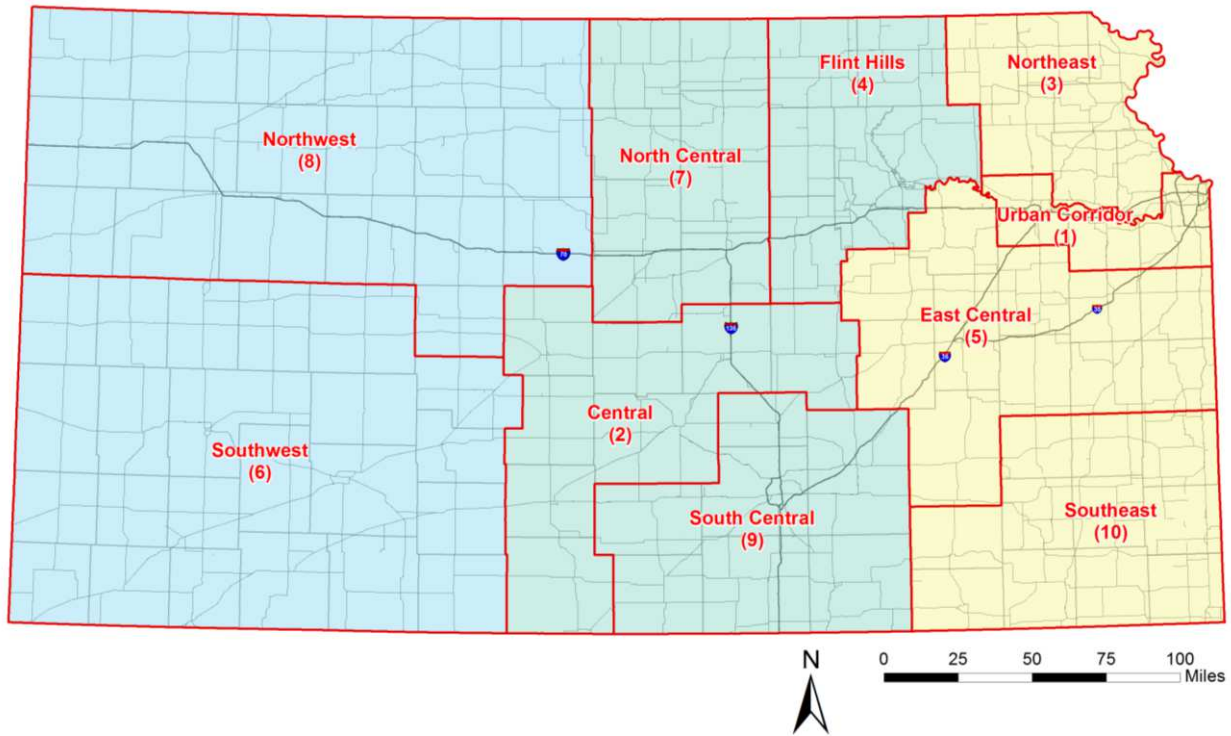


Figure 18 shows the agencies' interest in coordination activities. Within the western region, 58 percent of respondents indicated they currently participate in some level of coordination with other agencies. When asked in the agency survey what interest providers have in possible coordination activities, seven providers indicated they would like to coordinate with local transit agencies to transport their clients. Seven respondents are willing to work with other agencies to transport their clients. In other comments, providers indicated they were restricted in coordination by their boards or funding sources, and that coordination must show a clear benefit over business as usual.

Figure 18. Interest in Coordination Activities

What interest do you have in possible coordination activities? Western Kansas

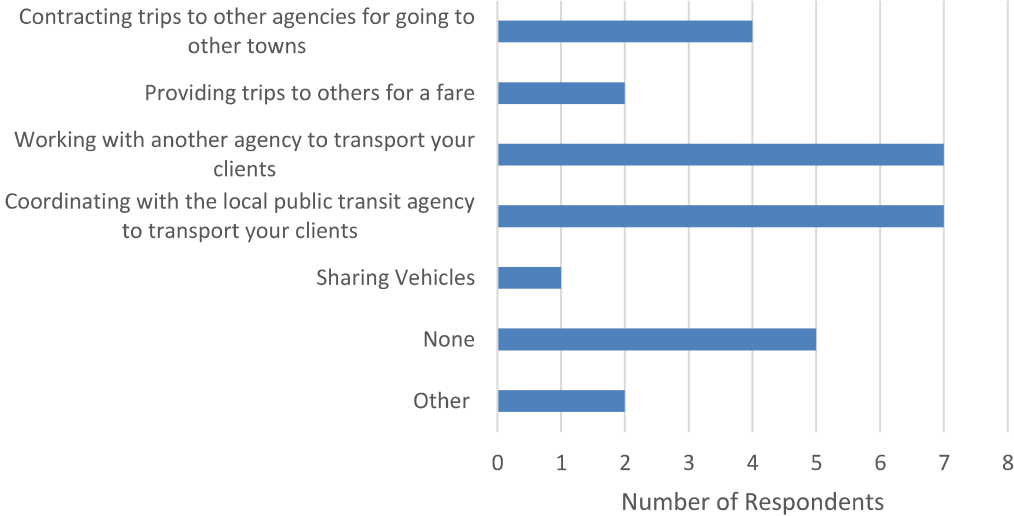
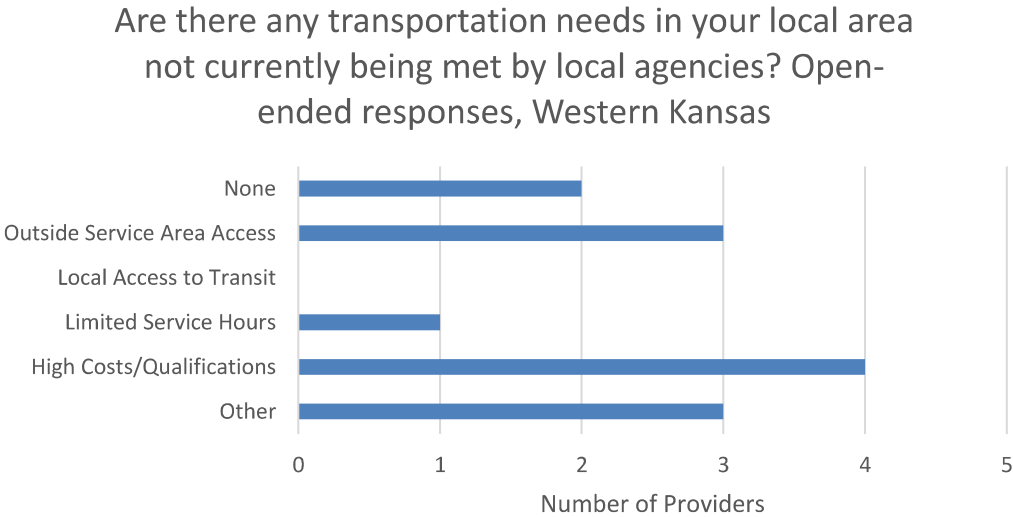


Figure 19 shows the results of an open-ended question asking providers to list unmet needs in their local area. Four respondents indicated the high costs of transit or the qualifications necessary to be eligible for transit assistance to be a barrier for ridership. Three respondents indicated the difficulty to reach destinations outside their service area, generally indicating a lack of transit services available to a larger service center or city outside the service area or jurisdiction. Comments indicated transit only being available for medical appointments and not for other purposes, such as shopping. One provider indicated the ‘Limited Service Hours’ of available transit don’t allow the optimal usage by patrons.

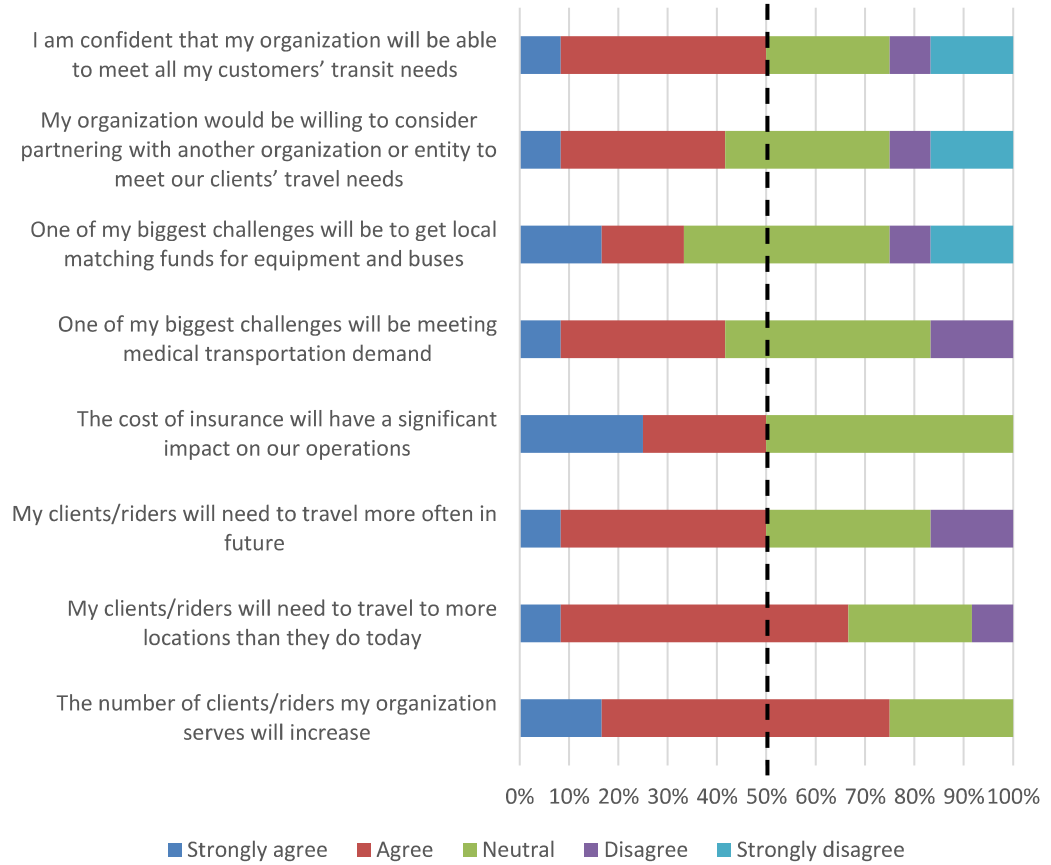
Figure 19. Unmet Transportation Needs



Finally, providers were asked to rate their opinion on emerging transportation need statements, the results of region are shown in Figure 20. A majority of 75 percent either ‘Strongly Agree’ or ‘Agree’ with the statement ‘The number of clients/riders my organization serves will increase.’ Another majority of 67 percent either ‘Strongly Agree’ or ‘Agree’ with the statement ‘My clients/riders will need to travel to more locations than they do today.’ The statements ‘I am confident that my organization will be able to meet all my customers,’ ‘The cost of insurance will have a significant impact on our operations,’ and ‘My clients/riders will need to travel more often in the future’ all had 50 percent indicated either ‘Strongly Agree’ or ‘Agree.’

Figure 20. Perception about Emerging Transportation Needs

Rate your opinion on each of the following emerging transportation needs statements. Western Kansas



The transit provider survey showed a willingness to coordinate with other agencies to transport clients and work together. Coordination may especially be helpful for out-of-town trips; the long-distance trips take more resources and leave in-town service with fewer vehicles available. Some agencies do not offer out of town service at all, which would provide an opportunity for other agencies to add ridership for trips along the way to larger regional centers. The high costs and qualifications necessary to be eligible for transit assistance may be a barrier to ridership. One barrier in CTD 6 is the long distances between towns, keeping most providers from serving outside their home county.

Unlike central and eastern Kansas, providers in western Kansas are more confident in meeting their customers' needs in the future. Respondents believe they will see an increase in the number of clients and riders in the future, to more destinations, more often. Providers are worried about the high costs of insurance.

CTD and Public Meeting

In July of 2017, the consultants held a CTD and public meeting in each CTD (an overview can be seen in Table 7). The purpose of the CTD meeting was to bring providers up to speed on the Coordinated Plan and learn about existing coordination activities in each CTD. Through discussions in the meetings, a prioritized list of ideas developed to improve coordination. The meetings identified that the agencies and transportation service providers need to be interacting regularly to find overlaps between human service agencies, target population transportation, and public transit agencies.

General findings during the meeting included the need to improve communication and identifying what services are available in the region. Communication with retirement and nursing facilities is not optimal. The reveal dispatch system does not allow for multiple trips in a timeslot. Providers would also like more help with identifying and securing potential local match funding sources. Unawareness among local funding boards about the benefits provided by rural transit makes it difficult for providers to sell their story and services to funders. Difficulties for coordination for 5310's includes the special needs of riders, infrequency of rides, and unfamiliarity with the administrative requirements. Dialysis patients often get rescheduled and it is difficult to schedule appointments for multiple riders at one time.

Specific issues addressed in the CTD meeting include difficulties to include cities beyond the service area. Efforts to do so are unsuccessful, due to the long distances between places. In Liberal, there are many requests for service out of town that are referred to other providers with occasional service. There is interest in a transit between Dodge City and Garden City through Cimarron, including service to the airport. Regional trips are difficult for smaller 5310 providers; having a transfer point half way might be an option to address taking a vehicle out of local service.

The public meetings provided an opportunity to hear from people not directly involved in transportation about the transportation needs in each CTD. Attendees included health care professionals, bus drivers, bus riders, and others. These meetings included a general overview of rural transit in Kansas and previous efforts to improve coordination. Unawareness about services showed that public outreach and advertising of services could be improved.

Table 7. Schedule of Public and CTD Meetings

CTD	Meeting Location	Date	Participation
1	Lawrence	July 11, 2017	23 CTD & 12 Public
2	Hutchinson	July 26, 2017	16 CTD & 6 Public
3	Hiawatha	July 12, 2017	17 CTD
4	Manhattan	July 18, 2017	10 CTD
5	Ottawa	July 13, 2017	19 CTD
6	Dodge City	July 19, 2017	10 CTD & 5 Public
7	Concordia	July 25, 2017	12 CTD & 5 Public
8	Hays	July 20, 2017	8 CTD & 4 Public
9	Wichita	July 18, 2017	33 CTD & 5 Public
10	Chanute	July 20, 2017	11 CTD & 6 Public

Summary of Transit Gaps and Needs

Overall across the state, transportation providers are slightly pessimistic about their ability to meet future demands, as many expect riders needing to reach more destinations, further away, and more often, while uncertainties remain about finding local match money. To further improve services providers self-identified the need for more inter-city connections, increased awareness of transit services by both riders and local board officials, and improved coordination efforts to address future needs. Table 8 provides an overview of the specific unmet needs and gaps for CTD 6, the shaded portion illustrating the highest priority needs identified for the region.

The following counties in CTD 6 do not have transit services: Greeley, Hamilton, Stanton, Morton, Wichita, Kearny, Grant, Stevens, Scott, Haskell, Gray, Meade, Clark, Hodgeman, Ness, Edwards, and Kiowa. There exists a great need to address insufficient geographic coverage and provide access to destinations outside service areas. Difficulty coordinating rides to larger destinations continue, especially for 5310 riders, as they may require additional care and time. The long distances between towns in the CTD makes coordination difficult. Additionally, policy barriers that place restrictions on crossing jurisdictional boundaries further inhibit inter-city connections.

Advertising and public education about transportation services could be improved, as awareness of the services by both riders and funding boards is lacking. Securing local match funding for federal funds also presents a challenge. Counties with transit services benefit from residents being able to age in place, staying in their town for a longer time, contributing to the property taxes, supporting local doctors and hospitals, and local stores and services. Transit providers need help educating and convincing local officials of these benefits of rural transit.

Increased coordination efforts can help agencies meet high-need rider demand more effectively and efficiently. It provides opportunities to share resources for the provision of longer regional routes as well as more specific needs such as coordination with hospitals for dialysis patients. Providers currently participate actively in their CTD meetings and are willing to help each other, which has led to some improvement in service already. However, in the CTD and public meetings, it became evident providers need additional resources to further their efforts.

Specific issues addressed in the CTD meeting include difficulties to include cities beyond the service area. Efforts to do so are unsuccessful, due to the long distances between places. In Liberal, there are many requests for service out of town that are referred to other providers with occasional service. There is interest in a transit between Dodge City and Garden City through Cimarron, including service to the airport. Regional trips are difficult for smaller 5310 providers; having a transfer point half way might be an option to address taking a vehicle out of local service. Dialysis patients often get rescheduled and it is difficult to schedule appointments for multiple riders at one time.

Mobility Managers can play a key role in CTDs as a resource to facilitate coordination and raise awareness about the important role transit plays in providing access to employment, medical care and maintaining independence for so many residents. Joint financial support for these positions is a way to share the resources and many benefits that such a position can bring. For example, in CTD 4, the Flint Hills Area Transportation Agency provides mobility management services for the CTD's seven counties, with Riley, Dickinson, and Pottawatomie counties providing support for their improved coordination effort.

Table 8. Unmet Needs and Gaps Summary

Needs and Gaps	Source			
	Business Model Survey (Summer 2013)	5310 Funding Application FY 2016	Transit Provider Survey (Spring 2017)	CTD and Public Meetings (July 2017)
Establish / Continue Regular Communication Between Stakeholders in Region	●		●	●
Coordinate Trip Scheduling with Medical Providers and Other Destinations		●		●
Improve and Establish Inter-City Connections to Regional Center, Preserve In-Town Transit Services	●		●	
Address Insufficient Service Span with Evening and Weekend Gaps	◐		●	●
Address Insufficient Geographic Coverage, access destinations outside the service area	●		●	●
Ability to Coordinate Transit for High Needs Riders / Patients			●	●
Identify the Benefits of Coordination		●		●
Establish a Link Between Local Service and Inter-Regional Transit Service	◐			
Increase the Awareness of Transit Service				●
Enhance the Perception of Transit Service				●
Assess the Feasibility of "Some Level of Service" in Counties Presently Without Service	◐			●
Finding Local Match Money, Educating Boards about Needs / Importance of Service / Sell Benefits			◐	●
Ability of Clients to Qualify for 5310 Transit / Prohibitive Costs for Clients to Ride Transit			●	
Increased Number of Clients / Riders, More Destinations			●	
Find Overlaps Between Human Service, Public Transit, and Target Population Transit Providers				●
Identify Services Available in the Region				●
Promote the Benefit of Aging in Place				●
Difficulty using Reveal Dispatch Software				●
Regional Service between Dodge City and Garden City				●

Note:

Business Model Legend: ● - High Priority Need/Gap ◐ - Moderate Priority Need/Gap

Top needs for CTD 6 are highlighted.

Coordination Activities

Best Practices

Increasing public transportation services in any shape or form leads to an improved quality of life for the riders. Coordination of service between different transportation providers and agencies helps fill transportation gaps and makes the overall public transportation provision more efficient. Not only does coordination give the riders more options for destinations and time of travel but also makes more rides occur using same or fewer resources. Transit agencies and mobility managers can help such efforts, by focusing transportation around the customer by providing clear information, transit coordination, travel training, and identifying service gaps through networking with stakeholders in the region.

Coordination of Transportation Services

Many states are taking a comprehensive approach to providing coordinated transportation. For example, four Kentucky cabinet offices – Families and Children, Health Services, Workforce Development, and Transportation combined transportation resources to develop a new coordinated transportation system for all the participants. In New Jersey and North Carolina, counties have brought together three programs, transportation, social services and employment, to address mobility needs including the use of school buses for employment transportation. Another example from California’s Ventura County is about the local transit agency extending service hours and reworking routes to develop new service to remote work locations. Detailed descriptions of these and other examples can be found in Appendix A. Several other generic examples of coordinating transportation are listed below:

- Building on the existing transportation broker infrastructure to expand ride brokering to programs other than Medicaid.
 - Establishing feeder services to connect to fixed transit routes.
 - Identifying barriers to coordination in the regulatory environment and advocating for change.
 - Making greater use of technology to find providers and schedule trips.
 - Finding ways to group riders on the same vehicle even when they are sponsored by different funding agencies.
 - Leveraging purchasing power for vehicles, fuel, maintenance, or training.
 - Using school buses for community transportation or other eligible purposes.
- Regardless of the type of coordination, it can involve the cooperation of:
- Transportation providers — transit agencies, school districts, social service agencies, transportation brokers, private providers, non-profit transportation programs.

- Service providers — such as doctors scheduling medical appointments based on transportation availability, land use planners including mobility options as part of zoning decisions, developers building “walkable” communities.
- People with special transportation needs.

Other efforts to coordinate services are discussed in detail in Appendix A.

Mobility Management

Mobility management designs transportation around the customer by providing clear information, transit coordination, travel training, and identifying service gaps. Mobility managers are most common in urban areas, but are successful in rural areas as well. Case studies from Iowa, Arizona, and Colorado are examined in Appendix B.

Many rural mobility management initiatives started with the launch of FTA’s 5317 New Freedom funding but funding deficit occurred when the program was included with the 5310 program with the launch of Fixing America’s Surface Transportation (FAST) Act in 2015. Mobility management must now be covered by FTA’s 5310 and 5311 grant funding, competing directly with transit services. Mobility management is an eligible expense under 5310, covered 80 percent by federal dollars and a 20 percent local match as a capital expense, and 5311. The local match can come from state funding sources specifically for transportation or human services, such as disability services or veteran services, or from local funding.

There are some successful rural mobility management programs, including in Northeast Iowa, Southeast Arizona, and Northwest Colorado. In these areas, mobility managers work fulltime; two for a local community action corporation, and one for a regional government and planning agency. In other areas, mobility manager tasks may be part-time duties of a human service provider.

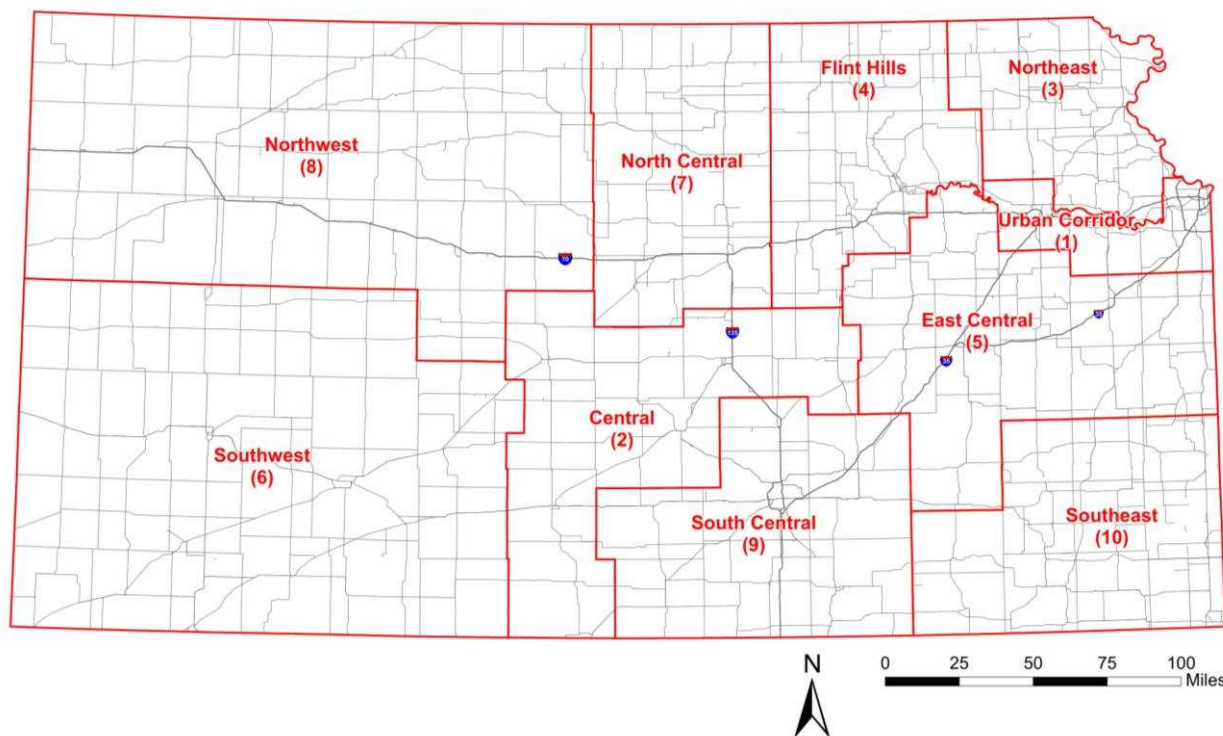
Official position descriptions often include travel training, connecting riders to providers, connecting transit, human services, and businesses, and developing One-Call/One-Click reservation systems. Other duties include the promotion of transit services, identifying service gaps, operational planning, and advocating for rural transit. In some states, mobility managers are also tasked with organizing regional coordination council meetings.

In Southeast Arizona, mobility management is not to reduce costs, but to shift the burden of networking, training, administration, and service analysis from transit providers to a single regional mobility manager, freeing up time and resources for transit and human service providers to focus on day-to-day transit service. In Kentucky, 16 transit regions select regional transit brokers through a Request for Proposals process, which coordinates rural transit in the regions.

Current Coordination Activities

Following the CTD business model planning process, the state was divided into 10 CTDs, as shown in Figure 21. The CTDs consisted of nine primarily rural-focused regions and a tenth urban region comprised of Douglas, Johnson, Shawnee, and Wyandotte counties. The basis for regionalizing coordination efforts is to increase efficiency and communication and to reduce duplication of trips and services among providers within a geographic area that has common trip destinations and trip patterns.

Figure 21. Map of Coordinated Transit Districts in Kansas



CTD Meetings

CTD members meet 3-4 times per year to discuss coordination efforts, funding, and program compliance. Two CTDs, North Central and Flint Hills, have mobility managers, improving coordination between target population transportation providers, public transportation providers, human services providers, and local stakeholders. At the meetings, KDOT staff provides updates and can bring in speakers on topics relevant to each CTD.

Technology Assistance

Eight out of 10 CTDs use REVEAL, an operations management software for managing transportation operations (Only CTD 9 - South Central and CTD 3 -

Northeast don't use REVEAL). A centralized database (used in REVEAL) is likely to help with coordination efforts.

Potential Barriers to Coordination

Accessing destinations outside the service area of providers and the high costs and qualifications necessary to ride transit are barriers for riders. Effectively selling the services to both the public and funding boards will help address the main barrier of limited funding. In the CTD 6 meeting, providers indicated multiple barriers to improve and provide services, including

- Providing out of town service
- Only being able to operate for limited hours
- Finding drivers
- Rising costs of insurance
- Payment and fare structures
- Advertising the service
- Difficulty chaining medical trips with dialysis patient schedules

Coordination attempts can be made, but providers must know about the routes and schedules of other providers. This is difficult, however, as many providers do not have set schedules or routes. Providers serving people with disabilities indicate difficulties in coordination due to the elevated level of care and time necessary to serve each individual client, and their services primarily serving door-to-door.

Action Plan for Coordination

Coordination Program Themes

Outlined in the following section are key characteristics of potential coordination strategies identified to address the barriers and needs of CTD 2. The strategies are organized into the following three themes:

- **Technical Support:** Strategies within this theme focus on providing more tools for local agencies and CTD organizations to enhance coordination. Tools may include added personnel through expanding availability of mobility managers, providing material and programs for marketing service, and information on the benefits service provides locally that agencies can use to present their case for local matching funding.
- **Administrative Collaboration:** Concepts covered by this theme include a broad range of strategies in which two or more agencies share responsibility for completing daily, weekly, monthly and/or annual tasks common to almost every agency. These tasks may encompass management of the systems, providing service on the street, or facility and asset maintenance.
- **Enhance Governance Structure:** As currently organized, all public transit agencies and organizations receiving 5310 funding are required to participate in CTD meetings and are encouraged to support coordination efforts. For most CTDs the purpose of attending the regularly scheduled meetings is to gather updated information from KDOT on program requirements, purchasing opportunities, new funding opportunities, etc. During outreach efforts conducted as part of the 2017 coordinated plan update efforts, many agency representatives expressed interest in restructuring their CTD meetings to promote more information sharing between agencies and have KDOT staff provide more information on coordination opportunities. The result of this input was development of a range of strategies that better defines activities to be carried out through the CTD meetings going forward. Key to the range of strategies is the idea that experts in various subject areas likely exist within the current group of agency managers/staff or can be found working with KDOT transit staff.

Coordination Strategies by Theme

Each of the three themes are characterized by a series of coordination strategies identified to address service gaps and unmet transportation needs for older adults, persons with disabilities, and persons with low-income. Needs addressed in bold are specific to CTD 6.

Technical Support

Rider Companion Program (Bus Buddy)	
<p>Some individuals rely on paratransit because they lack confidence or experience to use the fixed-route system. Some transit systems have instituted companion rider/bus buddy programs to support individuals transitioning away from paratransit to fixed route service use. A companion program involves not only training individuals to use fixed-route but also pairing individuals with a “bus buddy” who will travel with them on the bus until the individual gains sufficient confidence to travel independently.</p>	
<p>Needs Addressed</p> <ul style="list-style-type: none"> Assistance with Training / Managing Employees / Volunteers Ability to Coordinate Transit for High Needs Riders / Patients 	
Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> Program helps reduce demand for paratransit services by increasing consumer knowledge in using and independently navigating the fixed-route system Program builds good community will through establishing a group of volunteers who act as advocates for the transit system 	<ul style="list-style-type: none"> The individualized nature of the program makes it difficult to assess overall impact on paratransit usage There is a need to provide administrative support and create the initial training regimen to be followed by volunteers Volunteer retention can be an issue, creating an ongoing need to train new volunteers

Travel Training

People who have never used public transportation often have real concerns and fears about using the public transportation network. This strategy has many of the same goals of a companion program, but is more formalized. A training program that teaches consumers how to use public transportation and become confident transit riders can help encourage use of public transit. Travel training may be promoted as a marketing strategy to encourage key consumer groups (i.e., older adults) to use public transit; or it may be targeted towards frequent users of paratransit to encourage individuals to use lower-cost fixed route services, as appropriate to the individual's circumstances.

Needs Addressed

- Assistance with Training / Managing Employees / Volunteers
- **Enhance the Perception of Transit Service**
- **Increased Number of Clients / Riders, More Destinations**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Program helps reduce demand for paratransit services by increasing consumer knowledge in using and independently navigating the fixed-route system • Encourages and support use of local fixed-route services • May reduce demand for paratransit services • Increases awareness and use of a variety of community transportation services • May support other regional priorities, such as workforce development 	<ul style="list-style-type: none"> • Some audiences and individuals may require specialized training • May require multiple-agency cooperation and coordination to identify training opportunities (adds to complexity) • Training may require support from agencies that perceive little or no long-term gain

Expand Mobility Manager Coverage

Mobility managers/coordinators are staff dedicated to promoting and improving mobility of residents and/or agency clientele. The Mobility Manager/Coordinator is responsible for coordinating transportation resources and providing public education regarding existing transportation resources. Mobility Coordinators also work to build awareness among decision makers, service providers, and riders on key issues related to the coordination of transportation and human services.

Individual mobility coordinators may be hired by a particular agency or may be shared among multiple agencies.

Mobility Coordinators typically:

- Serve as advocates for addressing the critical needs in transportation services to the general public and individuals with special needs
- Train agencies and individuals on local transportation options
- Develop and oversee outreach and education efforts on transportation resources

Needs Addressed

- Assistance with Training / Managing Employees / Volunteers
- Coordinate Trip Scheduling with Large Employers and Other Destinations
- **Establish / Continue Regular Communication Between Stakeholders in Region**
- Address Policy Barriers in Crossing Jurisdictional Boundaries
- **Coordinate Trip Scheduling with Medical Providers and Other Destinations**
- **Establish a Link Between Local Service and Inter-Regional Transit Service**
- **Improve and Establish Inter-City Connections to Regional Center, Preserve In-Town Transit Services**
- **Increase the Awareness of Transit Service**
- **Enhance the Perception of Transit Service**
- **Assess the Feasibility of "Some Level of Service" in Counties Presently Without Service**
- Assess Fare Structures for Trips Crossing Multiple Providers / Boundaries
- **Finding Local Match Money, Educating Boards about Needs / Importance of Service / Sell Benefits**

- Ability to Coordinate Transit for High Needs Riders / Patients
- Identify the Benefits of Coordination
- Find Overlaps Between Human Service, Public Transit, and Target Population Transit Providers
- Identify Services Available in the Region
- Promote the Benefit of Aging in Place

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Ensures staff resources are available to implement mobility and coordination strategies • Creates community resource to promote existing and available resources • Can highlight mobility challenges and opportunities and raise awareness • Implementing programs and creating awareness can result in improved effectiveness and efficiency 	<ul style="list-style-type: none"> • Wholesale revisions to all system route and schedule information is expensive • Mobility Managers with full range of required skills may be difficult to find • Individuals will need to adopt an entrepreneurial approach and be well supported by key institutions and organizations to be effective • Individuals will likely need training and support • Requires matching funding from sponsoring agency

Marketing/Branding/Outreach

Transit demand doesn't fall neatly into CTD boundaries. Creating a statewide marketing program that can then migrate to the CTDs will provide the continuity needed to best serve clients. The statewide program could include the following:

- A website that is map-based (expanded from what is currently offered by Kansas RTAP) that provides transit traveler information. This information would include the availability of service (by actual service area) and the parameters of that service. A phone number to the dispatch center would allow potential riders to easily book a ride. If the rider needs additional information, the contact information for the local mobility manager can also be provided.
- Another option for the statewide website/program would be to add transit to the existing 511 offerings. Multimodal 511 is a best practice offered in many urban regions across the country, but the concept can be tailored to a statewide implementation as well. The goal would be to allow a user to call 5-1-1 on any phone for all traveler information, whether they are a driver or a transit user.

The statewide program could integrate with a targeted CTD-level program that enhances ridership options as well as the potential transit offerings. Options for targeted marketing at the CTD-level include:

- Providing fact-sheet type information that can be easily tailored by CTDs/transit providers for use in their community.
- Offering sample marketing campaigns/presentations to encourage transit use and to encourage participation from the business/social service community.
- Coordinating strategies with non-public transit shared ride providers. Volunteer driver programs/Uber/Lyft/Taxi programs should be seen as partners, not competitors. Methods can be provided for including these providers in the system, and possibly partnering with them on more complex needs.
- Implementing new transit options, such as employment transportation. The marketing plan can include fact sheets and information on how employers can benefit from offerings vanpools and carpools or working with the public transit provider to subsidize services.
- Growing the service contract market: Service contracts are essential to growing the local match pool from the existing transit demand market. The marketing plan will provide a local user with methods for working with potential partners, getting them under contract and transitioning into operations smoothly.

The reasons for coordinating outreach and marketing regionally include:

- Limited local budgets: most 5310 agencies do not have the funding available to focus on outreach and marketing of their transportation program.
- Focusing on transportation services: most of the 5310 agencies are non-profit organizations that serve a mission other than transportation (CDDOs and Senior Service Organizations make up a large amount of the providers). Marketing and outreach that is implemented by the subrecipient will focus on the agency's menu of services and not solely transportation. Providing outreach and marketing at a regional level focuses the effort only on transportation services.
- Encourages new riders: As previously identified, most of the 5310 organizations serve a specific population. Marketing at the regional level will open services to eligible riders who are not current clients of the organization, but who could benefit from transportation services.

Needs Addressed

- **Establish a Link Between Local Service and Inter-Regional Transit Service**
- **Increase the Awareness of Transit Service**
- **Enhance the Perception of Transit Service**
- **Identify Services Available in the Region**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Promotes a combined effort where limited individual agency/location resources are leveraged to a greater extent • Allows local providers to spend more time on service rather than designing and implementing their own outreach. • Builds awareness of the concept through a coordinated branding process 	<ul style="list-style-type: none"> • Does not completely replace local efforts. • Could be local concern that a common brand dilutes the unique nature of individual service agencies • Loss of autonomy (must collaborate on certain elements) • In many locations, any investment into marketing/branding is more than they are investing today

Promoting the Community Benefits of Service/Coordination

In rural areas public transit, many times, is seen as a service focused on getting seniors and persons with disabilities to the doctor. Additionally, providing trips to larger regional centers to access goods/service that are not available locally is many times seen as an avenue to economic leakage because people are also doing some of their shopping that could be done locally. What is ignored/downplayed from this perspective is the local economic benefit, especially in small towns, that transportation provides as it allows people to remain in the small town for a longer period of their life. Many times, the dollars transit users spend in the local community are downplayed when they are seen leaving town to travel to a regional center. Additionally, the role that transit can play in allowing seniors or persons with a disability to remain in their preferred small town is not calculated into the discussion of needing to provide the local match to the service. Dollars that transit users provide to the community through property taxes and sales taxes on goods they buy locally are not considered, many times, during the discussion of the cost of service. Availability of transit service (whether it is local or regional) has been shown to be a critical factor in the aging in place decision process.

By preparing material to present to city councils, county boards, agency boards, etc. documenting the community benefits, the anecdotal argument of the benefit that is typically provided can be transformed into dollars and cents discussion.

Needs Addressed

- **Promote the Benefit of Aging in Place**
- **Identify the Benefits of Coordination**
- **Finding Local Match Money, Educating Boards about Needs / Importance of Service / Sell Benefits**
- **Establish / Continue Regular Communication Between Stakeholders in Region**
- **Increase the Awareness of Transit Service**
- **Enhance the Perception of Transit Service**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Provides agencies with critical information that can support the request for matching funds • Brings an awareness that transit users are not a drain on limited local funds and that users support the community 	<ul style="list-style-type: none"> • Getting final funding decision makers to listen to the argument • Agencies having the opportunity/ audience to make the argument more than once a year

Improved Transit Traveler Information

Public transportation could improve travel options, particularly for older adults, by improving transit route and schedule information. Suggestions such as improving the readability and comprehension of route and schedule brochures was recommended, by publishing such documents using large, bold fonts and use of color coded maps with contrasting primary colors indicating the different routes.

Needs Addressed

- **Increase the Awareness of Transit Service**
- **Enhance the Perception of Transit Service**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Improvements in consumer comprehension of available services can increase transit utilization by seniors and persons with disabilities • Enhanced schedules and route information will generally aid usability by the general public as well 	<ul style="list-style-type: none"> • Wholesale revisions to all system route and schedule information is expensive • There is no industry standard or consensus regarding the style and presentation of more comprehensible route and schedule information

Improvements at Bus Stops (Urban)

For people with disabilities or seniors with mobility limitations, inaccessible bus stops or the lack of an accessible pathway to the bus stop represent a hindrance to the greater utilization of accessible fixed-route services. These individuals may opt to use more expensive paratransit services.

Potential infrastructure improvements may include removing barriers on sidewalks, improving or adding sidewalks, adding curb cuts, adding or improving pedestrian crossing and signals (including accessible signals and countdown signals), and adding signage, lighting, benches, shelters, and other pedestrian enhancements, especially near bus stops. In addition, technological solutions focusing on wayfinding might help persons with visual impairments locate bus stops.

Needs Addressed

- **Ability to Coordinate Transit for High Needs Riders / Patients**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Increases mobility and travel options for persons with disabilities • Reduces demand for ADA paratransit • Improves service and lowers system wide costs 	<ul style="list-style-type: none"> • Improvements are typically expensive • Transit system may not control rights-of-way and may lack authority to make improvements • Long lead time to implement and potential for disruptions to existing service and travelers during construction

Technologies to Improve Coordination

The provision of transit, paratransit, and human service agency transportation has long benefitted from use of technology to lower operating costs, reduce customer travel times, and provide more convenient routes and schedules. Use of technology to improve services to the target populations can benefit both the transportation provider and customer.

Technologies can include those that benefit customers (real-time traveler information, electronic fare payment, interactive voice recognition telephone systems, or surveillance/security systems) or transit provider organizations (automatic vehicle location, computer dispatch and scheduling, mobile data computers, and coordination/mobility management software).

Needs Addressed

- Coordinate Trip Scheduling with Large Employers and Other Destinations
- **Coordinate Trip Scheduling with Medical Providers and Other Destinations**
- **Establish a Link Between Local Service and Inter-Regional Transit Service**
- **Improve and Establish Inter-City Connections to Regional Center, Preserve In-Town Transit Services**
- **Ability to Coordinate Transit for High Needs Riders / Patients**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Technology can improve operational efficiency without increases in operating costs • Technology can improve all aspect of customer relations, improving the accuracy and timeliness of trip information for consumers • Technology can reduce administrative burdens associated with tracking and verifying trips and improve efficiency when billing human service agencies when service is provided under contract 	<ul style="list-style-type: none"> • Some technologies are expensive to implement and require ongoing vendor maintenance and upgrade contracts • Integration of multiple technologies has proven difficult, even with general guidelines for an integrated architecture structure to ensure compatibility of technologies • Some users in the target populations may be reluctant to use an interactive information kiosk, automated telephone systems, etc.

Administrative Collaboration

Centralizing Resources (Service Information, Reservations/Dispatch/Maintenance)

Centralized resource programs are designed to assemble information about available public, non-profit, and private sector transportation resources in a single location, source, or directory. In many communities, there are many available services for persons with low income, seniors, and persons with disabilities, but it is up to the consumer to find out hours and days of operation, service areas, availability, eligibility, and how to access such services. In a centralized resource directory, information regarding all available providers is assembled in a single place. The directory can be in written, published form or in a searchable online database format.

Needs Addressed

- Assistance with Training / Managing Employees / Volunteers
- Coordinate Trip Scheduling with Large Employers and Other Destinations
- **Coordinate Trip Scheduling with Medical Providers and Other Destinations**
- **Establish a Link Between Local Service and Inter-Regional Transit Service**
- **Improve and Establish Inter-City Connections to Regional Center, Preserve In-Town Transit Services**
- Ability to Coordinate Transit for High Needs Riders / Patients
- Identify the Benefits of Coordination
- Find Overlaps Between Human Service, Public Transit, and Target Population Transit Providers
- Finding Qualified Drivers

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Programs help reduce demand for paratransit services by increasing consumer knowledge in using and independently navigating the fixed-route system • Directories provide a “one-stop” resource for all public and private transit services and human service agency transportation • Directories provide easy contact and eligibility information enabling consumers and advocates alike to identify potential service providers for specific members of the target populations • Resource directories are readily embraced by most coordination committees as a nonthreatening strategy that promotes enhanced mobility • Directories can be particularly useful in larger communities with multiple public and private sector transportation resources 	<ul style="list-style-type: none"> • Requires a comprehensive data collection effort to create the directory • Keeping the directory up-to-date has proven problematic in some areas • A potential consumer education program of the directory existence is needed • Comprehensive directories may contain many listings, confusing consumers • Directories only alert consumers to the availability of a service provider; consumers and/or advocates must still inquire about eligibility and arrange for services

Shared Operations and Administration

The operations and administration of transit programs provide numerous opportunities for coordination, both between 5310 providers and within a regional structure.

Coordinating at the administrative level is great strategy for solidifying early acceptance from transit providers who may otherwise be resistant to coordination. Since subrecipient administrative activities are not funded through the grant, yet have a large burden due to compliance requirements, identifying economies of scale by sharing resources will generally be supported. These activities include:

- Shared reporting: coordinating reporting functions, as is done at the CTD level for the 5311 agencies, may minimize paperwork for small 5310 agencies. In order to see the value of this coordination, agencies must use similar methods for reporting trips and costs. A shared dispatching program that has monthly and annual reports automated can save agencies time and money.
- Shared training: KDOT requires that providers be trained on the drug and alcohol program, blood borne pathogens and driving. Small agencies do not have the financial or staff resources to do these trainings in house (and do not have the backup drivers to send staff to other parts of the state to receive training). Having larger transit providers offer trainings on behalf of a CTD not only provides a cost saving option but provides consistency and continuity in the level of training that all providers receive.
- Shared maintenance: KDOT Transit, through FTA funding, has supported the construction of transit facilities throughout Kansas. Developing shared maintenance agreements between smaller agencies and larger agencies that have facilities is beneficial because the mechanics working on the vehicles will have specialized training and the federally funded assets will be receiving the highest use possible.
- Shared dispatching: Shared dispatching is the most often discussed method of operational coordination. KDOT has funded dispatching software and hardware throughout Kansas, focusing on the 5311 network. Its coordination with the 5310 network will depend on the ridership demands of each provider. There are many arrangements for shared dispatching that offer benefit while maintaining autonomy for a local provider (if that is a priority). The dispatching software being used in Kansas is run through a “cloud based” network, which has the ability to allow satellite dispatching. In this type of scenario, the regional dispatcher is the keeper of the system, but smaller 5310 providers can do their own dispatching and scheduling locally. After the 5310 provider inputs trips, the regional dispatcher, with their access to all regional providers and their trips, can chain rides in order to provide the most efficient service. Doing this could also move service between the 5310 and 5311 programs, depending on availability. *In Iowa, the coordinated districts receive money from all grant programs to provide general public transportation service – all users are eligible – and trips are dispatched based on the location of vehicles, not on client-type or eligibility criteria.* Considering an option such as the Iowa model would take a change in the current 5310 market, but has the opportunity to make services more effective.
- Working regionally to identify all the needs and all the providers can help the market determine the best way to serve trips. For example:
 - In rural areas, vehicles may be out of service all day for one person to go on a long distance trip for a medical service. This vehicle could serve dozens of people in one day locally. Are there volunteer driver programs that could support those long distance trips? If so, how can transit regularly connect individuals with volunteer drivers so that service is seamless?
 - A small town may have a taxi service but no interest in public transit. How can transit coordinate with this taxi service to allow riders to make connections regionally/locally and vice versa?
 - There may be a need for employer or education based service that is too expensive to serve, vehicles aren't available or isn't at the right time of day for transit. How can transit encourage other options, such as vanpooling and carpooling to show support of these needs?

By matching the level of need to the correct service type, transit capacity can be preserved for those with the most demand.

Needs Addressed

- Assistance with Training / Managing Employees / Volunteers
- Coordinate Trip Scheduling with Large Employers and Other Destinations
- **Coordinate Trip Scheduling with Medical Providers and Other Destinations**
- **Ability to Coordinate Transit for High Needs Riders / Patients**
- **Find Overlaps Between Human Service, Public Transit, and Target Population Transit Providers**
- **Identify Services Available in the Region**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Reduces (potentially) costs to individual agencies • Enhances the ability to coordinate regional trips as all know schedule • Improves feasibility of short term vehicle sharing to cover for an unexpected maintenance issue • Potential for fewer missed trips if an agency can obtain loaner as others know maintenance schedule 	<ul style="list-style-type: none"> • Reduced autonomy • Concern over less flexibility as need to work inside more structure • Must get over – We are the only ones that can help our folks • Maintenance may not be local – What happens when vehicle is out of service?

Centralized Reservations and Dispatch

Coordinating dispatch and/or call centers involves creating a one-stop call-in number and using a single dispatching center to schedule requested rides among the available providers, vehicles or services. Providing consumers with one call-in number greatly increases customer convenience. To improve convenience may directly or indirectly include centralized information and referral. Jointly scheduling trips also helps to organize trips efficiently and maximizes ride-sharing. Reducing individual trip costs means the ability to provide more rides to more people for the same amount of resources.

Needs Addressed

- Coordinate Trip Scheduling with Large Employers and Other Destinations
- **Coordinate Trip Scheduling with Medical Providers and Other Destinations**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Enables passengers to make one call and access services provided by several providers • Improves productivity and efficiency with higher volumes and co-mingling of trips • Enables providers to schedule vehicles to fill service gaps. 	<ul style="list-style-type: none"> • Determining which department will house technology and how to best share resource • Requires lead organization to take responsibility to house and pay for staff

Capital Equipment for Coordinated Agency/Program Services

Human service agencies, through the 5310 program, provide critical access to programs and services and play a key role in ensuring mobility for persons with low income, older adults, and persons with disabilities. When coordinated with publicly provided transportation, human service agency transportation can reduce the overall demand for ADA complementary paratransit services. As capital acquisition is often undertaken from operating funding, the purchase of new or replacement vehicles is problematic for organizations facing fiscal constraints. The Federal Transit Administration’s Section 5310 Program is specifically designed to provide a source of capital funding for these organizations and will remain an important component in regional efforts to improve transportation services for the target populations. Throughout Kansas the state expands the federal capital investment program by providing provider agencies with operating stipends.

Relative to enhancing coordination, two important strategies are:

1. To ensure the continuation of Section 5310 funding for vehicles replacing older 5310-funded vehicles that are being retired.
2. Consider weighing more heavily in the funding selection applications that demonstrate new vehicles are to be used in a coordinated fashion (e.g., vehicle-sharing) and/or will otherwise meet a specific unmet need identified in the Coordinated Plan.

Needs Addressed

- Ability to Meet Current and Future Demand
- **Identify the Benefits of Coordination**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Human service organizations provide vital access to programs and services to members of the target populations who do not qualify for ADA complementary paratransit services • Capital funding supports maintenance of existing community transportation services • Section 5310 creates opportunities for funding partnerships with health and human service (HHS) programs, with FTA supplying capital funding and HHS providing vehicle operations support • Non-profit agencies can represent a cost-effective option for meeting some transportation needs of the target populations 	<ul style="list-style-type: none"> • Funding available through the 5310 program (including capital and operating), may not be adequate for some agencies to afford providing service.

Volunteer Driver/Escort Program

Volunteer drivers are individuals who, for no or a minimal cost, drive people who lack other mobility options. A sponsoring organization, such as a transportation provider, human service agency or other entity often helps match volunteer drivers with individuals who need rides. Volunteer drivers will typically use their private vehicle but will be reimbursed, usually based on mileage driven, by the sponsoring agency. Sponsoring agencies may also arrange for insurance coverage. Volunteer driver programs have proven to be an effective and important resource to help supplement community transportation programs.

Needs Addressed

- Assistance with Training / Managing Employees / Volunteers
- Finding Qualified Drivers

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Provides low cost transportation option • Some programs will reimburse friends or family members for providing rides • Volunteers can provide a flexible source of transportation that can be useful for longer distance, out of area trips • Escorts can work to improve on-time performance when using existing public transit modes • Escorts are able to provide a higher level of passenger assistance than can be provided by public transit 	<ul style="list-style-type: none"> • Some technologies are expensive to implement and require ongoing vendor maintenance and upgrade contracts • Setting up a volunteer driver network requires time and effort to recruit, screen, train and reward volunteer drivers • Riders need to be introduced to and appreciate concept of volunteer drivers • Real or perceived driver liability and insurance issues • Retention of volunteers can be an issue

Transit Service Expansion and Improvements

The benefits of service expansion provide opportunities for members of the target populations to access more support services and job opportunities, and be able to take more trips for shopping, recreation, social services and attend faith-based activities.

The most common types of service expansions include:

1. Expand the daily hours of service or days of week service is provided
2. Spatial expansion of service – expanding the service area for pick-ups and drop-offs, and/or adding destinations beyond the established pick-up area.

Needs Addressed

- **Address Insufficient Service Span with Evening and Weekend Gaps**
- **Address Insufficient Geographic Coverage, access destinations outside the service area**
- Ability to Meet Current and Future Demand
- **Increased Number of Clients / Riders, More Destinations**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Enhanced customer accessibility, mobility and convenience Opportunity to provide access to jobs that require work during non-traditional hours • Increased use of fixed-route services by the target populations and the general public 	<ul style="list-style-type: none"> • Expanding service requires additional financial resources • Requires educating and training staff and customers to maximize benefits associated with cost

Affordable and Accessible Taxi Services

Purchase of accessible vehicles (for example, ramp-equipped low-floor minivans or similar equipment) for taxi operators, with operators paying non-Federal share. This strategy could also include development/expansion of taxi subsidy programs designed to expand/supplement existing community and human service transportation networks

Needs Addressed

- **Address Insufficient Service Span with Evening and Weekend Gaps**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • More accessible taxi fleet • Source of service that could be used when fixed-route or demand-response services are not in operation • Source of service for trip types that are not eligible under other transportation programs • Could be used to complement taxi subsidy programs 	<ul style="list-style-type: none"> • Taxi service is limited or not available outside metropolitan areas

Enhanced Governance Structure

Services Clearinghouses and Shared Data

The central core of transit coordination is in information sharing, whether the information is about persons who are in need of a unique circumstance ride, about an FTA rule/process/policy, or what services the other agencies provide. CTD meetings create a perfect environment for information sharing between agencies or even person interested in gaining a better understanding of what services are available to partner with.

Understanding what service is available and accessible are critical inputs to allow one agency to work with their potential partners.

Creating a clearinghouse of information and distributing that information to each agency within a particular CTD and across the state will go a long way to making coordination more feasible. While the KDOT transit website contains basic information about providers, many of the details that are critical to supporting coordination are not provided. Most critical to the desired information are details about regional service such as schedules, routes, fares, etc.

Needs Addressed

- Assistance with Training / Managing Employees / Volunteers
- **Establish / Continue Regular Communication Between Stakeholders in Region**
- **Finding Local Match Money, Educating Boards about Needs / Importance of Service / Sell Benefits**
- **Identify the Benefits of Coordination**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Enhances the ability to coordinate regional trips as all know the schedule • Allows creating a list of partners to help when the primary provider has vehicle or driver availability issue. • Supports agencies sharing information about partners if asked by a local customer in need of service in another nearby community. 	<ul style="list-style-type: none"> • Most agencies do not have scheduled regional service. Thus, cannot provide a definitive schedule. • Keeping the information up to date will require time.

CTD Participant Education/Workshops

Across the state there is a vast amount of expertise within various agencies that could be shared through CTD meetings. For example, many rural and urban agencies have developed outreach programs emphasizing on the benefits to a county or a community to request funds as a funding partner. Other agencies have successfully partnered with healthcare providers to coordinate medical appointments for patients from a community that requires a regional trip. Other agencies still have developed outreach programs that promote their service such that most agencies in the community know that there is a partner to support them when need arises. What is needed is a good understanding of where the internal experts are located and a means of getting their story out to other agencies across the state.

Additionally, KDOT transit staff have access to industry experts that can be invited to CTD meetings to present methods of improving the level of coordination between services provided in a region. One example discussed during CTD outreach efforts was how agencies can use 5310 resources to provide support public transportation efforts and increase the use of 5310 assets and staff.

By developing a Share Your Expertise Program a clearinghouse of people to lead discussions, sample material for educating others, and material that can be used to inform more people can be organized and promoted across the state. As more CTDs are using video conferencing technology to conduct their meetings and training efforts, travel costs and time away from their primary task for the experts can be minimized.

Needs Addressed

- Assistance with Training / Managing Employees / Volunteers
- **Establish / Continue Regular Communication Between Stakeholders in Region**
- Address Policy Barriers in Crossing Jurisdictional Boundaries
- **Finding Local Match Money, Educating Boards about Needs / Importance of Service / Sell Benefits**
- **Identify the Benefits of Coordination**
- **Identify Services Available in the Region**

Potential Benefits	Potential Obstacles/Challenges
<ul style="list-style-type: none"> • Higher level of understanding of activities that lead to improving mobility for more people • Enhanced benefit from CTDs meeting time investment • Improved cost-effectiveness of transit service 	<ul style="list-style-type: none"> • Identifying where experts reside • Keeping an up to date list of experts • Time for experts to develop and deliver training sessions

Strategies Screening and Implementation

Across the CTD the benefits and potential for each of the strategies to address the current and anticipated unmet needs and gaps were evaluated relative to a series of performance measures. The measures include:

- **Need:** Does the strategy address an identified need in the CTD and is the need a high priority?
- **Access/Availability:** Is the program/technology/policies associated with the strategy readily available to the locality?
- **Implementation Challenges:** How significant are the barriers that must be overcome before the strategy can be implemented?
- **Local Support:** Is there a local support or opposition to the strategy?
- **Costs:** Are the capital and operating costs associated with the strategy within the financial means of the locality/CTD agencies?

Table 9 summarizes the results of the strategies screening for CTD 6 - Southwest Kansas.

Table 9. Strategies Screening (Applicability by CTD) – CTD 6 Southwest Kansas

Theme	Strategy/Sub-strategy	Screening Criteria					
		Need	Access/ Availability	Ease of Implementation	Local Support	Cost	
						Capital	Operating
Technical Support	Establish Rider Companion Program	○	○	○	◐	●	●
	Implement Travel Training Program	○	○	○	◐	●	●
	Expand Mobility Manager Coverage	●	○	○	●	●	◐
	Marketing/Branding/Outreach	●	◐	◐	●	●	◐
	Promoting Community Benefits of Service/Coordination	◐	●	●	●	●	●
	Improved Transit Traveler Information	●	◐	◐	◐	●	●
	Bus Stop Improvements	●	○	○	○	○	●
	Technologies to Improve Coordination	●	◐	◐	◐	◐	●
Administrative Collaboration	Share Responsibility for:						
	Management	◐	●	◐	◐	●	●
	Operations						
	Local Service	○	○	○	○	○	○
	Regional Service (Existing or New)	○	○	○	○	○	○
	Maintenance	◐	○	◐	○	●	◐
	Centralized Reservations and Dispatch	◐	●	◐	◐	◐	◐
	Capital Equipment for Coordinated Agency/Program Services	◐	○	◐	◐	◐	◐
	Volunteer Driver/Escort Program	○	○	○	○	◐	●
	Transit Service Expansion and Improvements	●	○	○	◐	○	○
	Affordable (Subsidized) and Accessible Taxi Services	◐	○	○	○	●	◐
Enhance Governance Structure	Services Clearinghouse and Shared Data	●	●	●	●	●	●
	Preparation of Unified Policies (Perf. Measures, TAM, etc.)	◐	◐	◐	○	●	●
	CTD Participant Education/Workshops						
	FTA/KDOT Guideline	◐	●	●	●	●	●
	Colleague Experience Sharing	◐	●	●	●	●	●
	Advancing Strategies/Identifying New Ideas	●	◐	◐	◐	●	●

○ - Low/Unsupportive/High Cost ◐ - Moderate/Neutral/Moderate Cost ● - High/Supportive/Low Cost

Implementation Plan

Based on the identified needs, local support, and conversations with the CTD, short term, medium term, and long term strategies were identified applicable to the CTD, as shown in Table 10. Short term strategies are implementable within two years. The moderate term period would cover two to four years into the future, while long term strategies would be targeted for implementation after four years. Detailed descriptions of the strategies can be found in the “Coordination Strategies by Theme” section on pages 48 – 61. All strategies will require local champions and coordination among local providers to be successful. A mobility manager could coordinate the implementation of the strategies in the CTD.

Table 10. CTD 6 Strategies Implementation Plan

Theme	Strategy/Sub-strategy	Short Term	Moderate Term	Long Term
Technical Support	Expand Mobility Manager Coverage		●	
	Marketing/Branding/Outreach	●		
	Promoting Community Benefits of Service/ Coordination	●		
Administrative Collaboration	Centralized Reservations and Dispatch	●		
	Transit Service Expansion and Improvements			●
Enhance Governance Structure	Services Clearinghouse and Shared Data		●	
	CTD Participant Education/Workshops			
	FTA/KDOT Guideline	●		
	Colleague Experience Sharing	●		

Conclusion

Throughout planning efforts in the CTD, transportation has been described as more than getting from one destination to another. It has been described as a lifeline to access needed services for a quality of life. The CTD continues to make strides in meeting the transportation needs of older adults, people with disabilities and people with low-income. Through locally driven efforts and KDOT support, community partners are being engaged and regional support for coordination plans continue to move forward.

Key to the success of coordination efforts is engaging stakeholders throughout all aspects of the planning and implementation process. For the Coordinated Transit Plan development efforts, stakeholders provided input to identify gaps in services for the underserved in their communities and were integral to developing strategies to overcome identified gaps.

Recommendations suggested in this Coordinated Transit Plan reflect goals and priorities of stakeholders in the CTD as identified in earlier planning documents, through surveys conducted as part of the Coordinated Transit Plan development and from the region-specific concepts included the 2014 KDOT Statewide Transit Business Model Update. Key recommendations advanced through the planning efforts and the needs the concepts address are documented in Table 11.

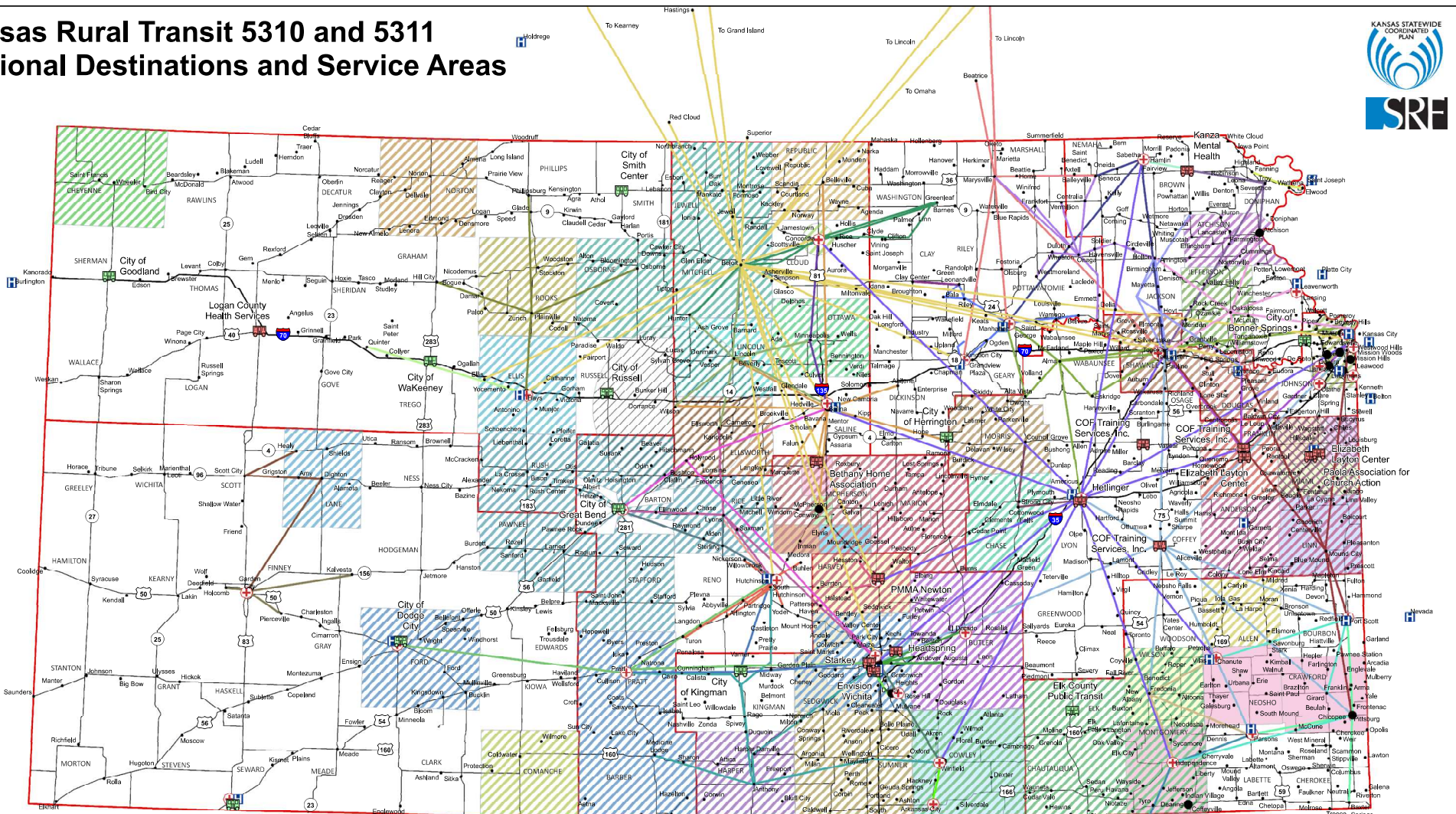
The 2018 Coordinated Transit Plan is the product of an on-going process that requires active participation by decision-makers at the state and local levels as financial support is required to advance most of the enhanced coordination concepts. Central to aiding participants to be active is advancing recommendations to provide more training and education opportunities at scheduled CTD meetings throughout the year. By providing agency representatives with a greater understanding of program rules and the in-state network of assistance available through other providers, the extensive knowledge of successful activities to support needs of the targeted populations can be employed throughout the state.

Table 11. CTD 6 Recommended Actions and Needs Addressed

Recommended Action	Priority Needs Addressed
Short Term	
Marketing/Branding/Outreach	<ul style="list-style-type: none"> • Increase the Awareness of Transit Service
Promoting Community Benefits of Service/ Coordination	<ul style="list-style-type: none"> • Identify the Benefits of Coordination • Establish / Continue Regular Communication Between Stakeholders in Region
Centralized Reservations and Dispatch	<ul style="list-style-type: none"> • Coordinate Trip Scheduling with Medical Providers and Other Destinations
CTD Participant Education/Workshops	<ul style="list-style-type: none"> • Establish / Continue Regular Communication Between Stakeholders in Region
FTA/KDOT Guideline	<ul style="list-style-type: none"> • Identify the Benefits of Coordination
Colleague Experience Sharing	
Moderate Term	
Expand Mobility Manager Coverage	<ul style="list-style-type: none"> • Establish / Continue Regular Communication Between Stakeholders in Region • Coordinate Trip Scheduling with Medical Providers and Other Destinations • Improve and Establish Inter-City Connections to Regional Center, Preserve In-Town Transit Services • Assess the Feasibility of "Some Level of Service" in Counties Presently Without Service • Ability to Coordinate Transit for High Needs Riders / Patients • Identify the Benefits of Coordination
Services Clearinghouse and Shared Data	Establish / Continue Regular Communication Between Stakeholders in Region <ul style="list-style-type: none"> • Identify the Benefits of Coordination
Long Term	
Transit Service Expansion and Improvements	<ul style="list-style-type: none"> • Address Insufficient Service Span with Evening and Weekend Gaps • Address Insufficient Geographic Coverage, access destinations outside the service area

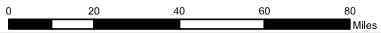
Appendix A: Regional Routes and Providers

Kansas Rural Transit 5310 and 5311 Regional Destinations and Service Areas

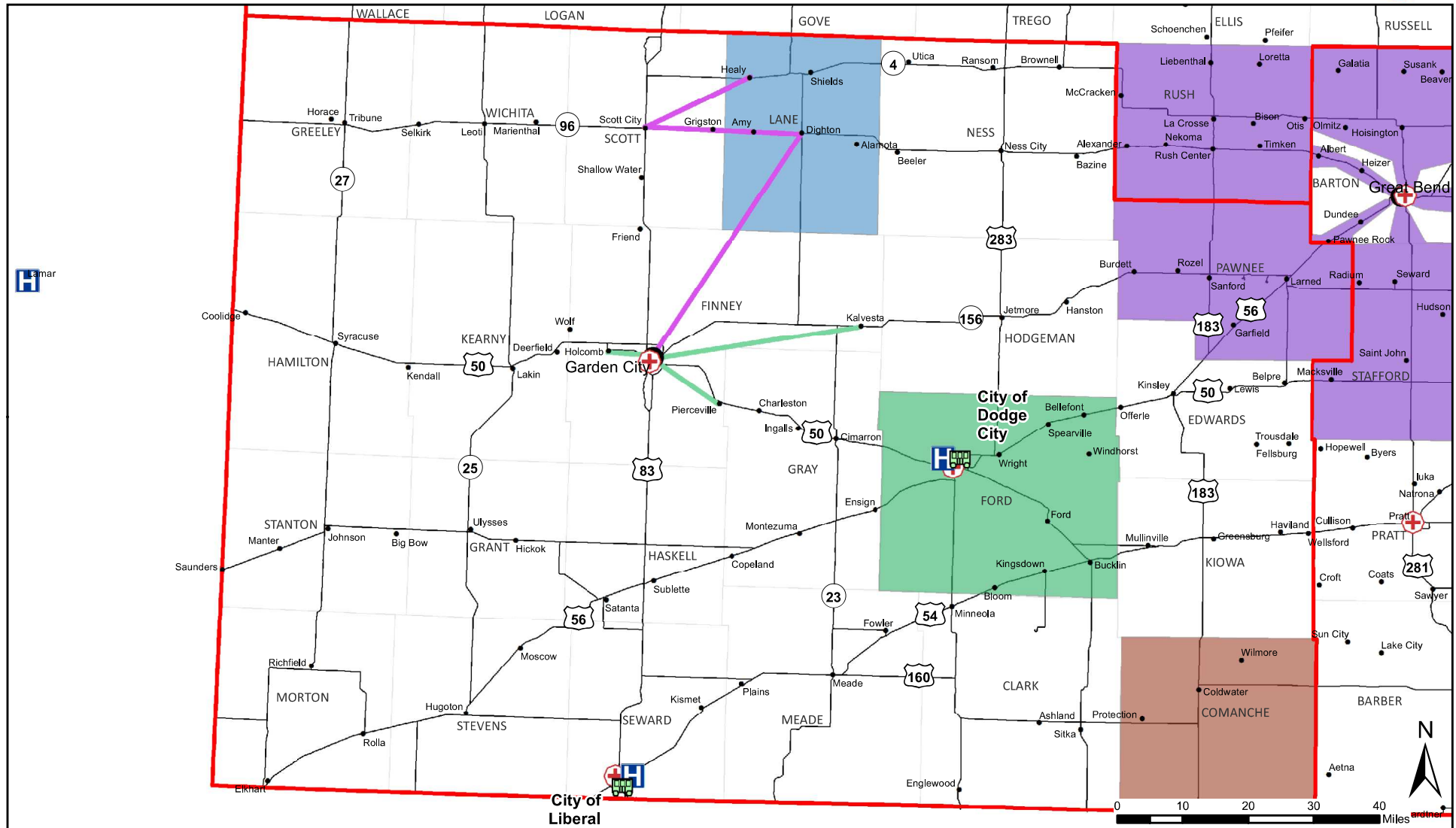


Legend

5310 Private Provider	Regular Routes by Provider	Finney County Transportation	Lincoln County Transportation	Quest Services Inc. - Emporia	Provider Service Areas	Developmental Services of Northwest Kansas	Lincoln County Transportation	Project Concern Atkinson
5311 Local Public Transportation	Butler County Transit	Flint Hills Area Transportation Agency	Linn County	Reno County Department of Public Transportation	Allen County Services	Four County Mental Health Connections	Lindsay Senior Citizen's, Inc.	Protection Valley Manor
VA Locations	CHS/KS Omega	Four County Mental Health Connection	Marshall County Agency on Aging	Rice County Council on Aging	Arrowhead West, Inc	Franklin County	Linn County Services	Republic County General Public Transportation
Dialysis Centers	Chase County	Franklin County	Mitchell County Hospital Health System	Rocks County Transportation	Bethesda Home - Goessel	Futures Unlimited - Wellington	Louisville Senior Center and Transportation	Rocks County Transportation
Cities over 10,000	City of Holyrood	Good Samaritan Society - Lyons	NEKAAA - Hiawatha	SEK-CAP	Butler County Transit	Futures County Department of Aging	MCDSS McPherson	SEK-CAP
Cities	Clay County Taskforce/Flint Hills Area Trans	Gove County Medical Center	Nehalem Public Transit	Sterling Presbyterian Manor, PMMA	Chase County	Harvey County Department of Aging	McPherson Senior Center	Sedgewick County Department on Aging
	Colley County Transportation	Harper County Department of Aging	OCCC - Salina	Thanks Program, Inc. - Fredonia	Cheyenne County Transportation	Independence, Inc. - Lawrence	Michel County Hospital Health System	Sunflower Diversified Services - Great Bend
	Cowley County Council on Aging	Harvey County Department of Aging	Ottawa County Transportation	Twin Rivers Dev. Supports, Inc. - Arkansas City	City of Holyrood	Inman Senior Citizen's, Inc.	Morris County General Public Transportation	TARC Shawnee County
	DCSW Wathena	Jefferson County Service Organization	PBP Nation	Via Christi Hospital - Pittsburg	City of Wilson	Jefferson County Service Organization	Moundridge Senior Citizen's Commission	Thanks Program, Inc. - Fredonia
	Doniphan County Public Transportation	Kingman County Council on Aging	Pawnee Mental Health Services	Wabaunsee County General Public Transportation	Community Senior Service Center, Inc. - Miami	Kansas City Area Transportation Authority	Norton County Senior Citizens	Tri-Ko Inc. - Garnett
	Envision Wichita	Lane County Transportation	Pratt County Council on Aging		Concordia Senior Citizens Center	Lakemary Public Transportation - Miami	Ottawa County Transportation	Paola Senior Center
					Cowley County Council on Aging		Lane County	



Kansas Rural Transit 5310 and 5311 CTD 6: Regional Destinations and Service Areas



- | | | | |
|----------------------------------|--------------------|-----------------------------------|---|
| 5310 Private Provider | Cities over 10,000 | Regular Routes by Provider | Provider Service Areas |
| 5311 Local Public Transportation | Cities | Finney County Transportation | Arrowhead West, Inc |
| VA Locations | | Lane County Transportation | Lane County |
| Dialysis Centers | | | Protection Valley Manor |
| | | | Sunflower Diversified Services - Great Bend |

CTD 6 Providers with Regular Routes

Provider	Origin	Destination	Ridership	Seats Available	Frequency	Schedule	Fare	Departure	Arrival	Return Departure	Return Arrival	Contact Person	Email	Phone
Lane County Transportation	Dighton	Scott City	2	12	Weekly	varies	5					Stephanie Benzel	lanecomm@st-tel.net	620-397-5356
Lane County Transportation	Healy	Scott City	2	12	Weekly	varies	5					Stephanie Benzel	lanecomm@st-tel.net	620-397-5356
Lane County Transportation	Dighton	Garden City	2	12	Monthly	varies	10					Stephanie Benzel	lanecomm@st-tel.net	620-397-5356
Finney County Transportation	Garden City	Pierceville				Demand response						Chrystal Bazan	cbazan@finneycounty.org	620-272-3626
Finney County Transportation	Garden City	Holcomb				Demand response						Chrystal Bazan	cbazan@finneycounty.org	620-272-3626
Finney County Transportation	Garden City	Kalvesta				Demand response						Chrystal Bazan	cbazan@finneycounty.org	620-272-3626

CTD 6 Provider Service Areas

Provider	County	Home City	Ridership	Seats Available	Fare	Schedule	Contact Person	Email	Phone	Comments
Lane County	Lane	Dighton					Stephanie Benzel	lanecomm@st-tel.net	620-397-5356	
Arrowhead West, Inc	Ford	Dodge City					Vanesa Avila	vavila@arrowheadwest.org		5310 provider
Protection Valley Manor	Comanche	Protection				3 day notice	Amy Baker	pvmantor@unitedwireless.com	620-622-4261	Serves within 50 mile radius
Sunflower Diversified Services - Great Bend	Pawnee	Great Bend	6			M-F, 5-9 am and 4-7 pm	Sarah Krom	sekrom@sunflowerdiv.com	620-792-1321	Primarily CTD 2

CTD 6 Local Public Transportation (5311) and Private Providers (5310)

Provider	County	Home City	Ridership	Seats Available	Fare	Schedule	Contact Person	Email	Phone	Comments	Type
City of Dodge City	Ford	Dodge City	18	44	1	Monday - Friday, 6:00 am - 6:00 pm	Brenda Cecil - Martinez	brendam@dodgecity.org	620-371-3879	Three fixed routes within city limits	5311
City of Liberal	Seward	Liberal				Monday - Friday, 6:00 am - 6:00 pm	Billie Proctor	billie.proctor@cityofliberal.org	620-626-2211	Within city limits	5311

Outside Providers with Regular Routes Through CTD 6, Not Shown on CTD 6 Map

Provider	Origin	Destination	Ridership	Seats Available	Frequency	Schedule	Fare	Departure	Arrival	Return Departure	Return Arrival	Contact Person	Email	Phone	CTD
Pratt County Council on Aging	Pratt	Dodge City										Tracy Petz	tracypetz@yahoo.com	620-842-5104	2

Agency	Agency Location	Counties Served	Hours	Service Type	Funding	Fleet	ADA	Regional Rou
Arrowhead West, Inc. (CTD 6)	City: Dodge City County: Ford	Barber, Clark, Comanche, Edwards, Ford, Gray, Harper, Hodgeman, Kingman, Kiowa, Meade, Ness, Pratt and Sedgwick	Mon- Sun 6am-10pm	Demand Response	5310	4	4	
City of Dodge City	City: Dodge City County: Ford	Ford	Mon-Fri 6am – 7pm	Demand Response Fixed Route	5311	10	10	
City of Liberal	City: Liberal County: Seward	Liberal	Mon-Fri 6am – 6pm	Demand Response Fixed Route	5311	7	7	
Finney County Committee on Aging, Inc.	City: Garden City County: Finney	Finney	Mon-Fri 6am – 7pm	Demand Response Fixed Route	5311	17	17	
Lane County Transportation	City: Dighton County: Lane	Lane	Mon-Fri 8am – 5pm Sat- Sun when needed	Demand Response	5311	1	1	
Ness County Hospital LTCU dba Cedar Village	City: Ness City County: Ness	Ness	operate every day of the week as needed on an on-demand style schedule.	Demand Response	5310	0	0	
Presbyterian Manors of Mid-America, dba Manor of the Plains	City: Dodge City County: Ford	Ford	Mon- Fri 8am-5pm (Emergency/on call after hours) Sat/Sun Emergency/on call after hours	Demand Response	5310	1	1	
Protection Valley Manor, Inc.	City: Protection County: Comanche	Comanche	Mon- Fri 10am-6pm	Demand Response	5310	1	1	